

Updated: _____



Parish Receptionist Referral Chart

“Welcome one another, then, as Christ welcomed you, for the glory of God” – Romans 15:7

General Information:

Mass Times: Saturday: _____ Lang: ____ Sunday: _____ Lang: ____
 Saturday: _____ Lang: ____ Sunday: _____ Lang: ____
 Sunday: _____ Lang: ____
 Daily: _____ Lang: ____ Sunday: _____ Lang: ____

Confession Times: _____

Website: _____

Physical Address: _____

Office Hours: Sun ___ - ___ Mon ___ - ___ Tue ___ - ___ Wed ___ - ___ Thu ___ - ___ Fri ___ - ___ Sat ___ - ___

Homebound Coordinator: Name: _____ Phone: _____ Email: _____

Sick Calls/Emergency: Phone: _____

Important Contacts: Police: _____ Fire: _____

Additional Info (School, SVdP etc) _____

Important Phone Numbers:

Staff/Volunteer: _____	Cell Phone: _____	<input type="checkbox"/> Do not give out
Staff/Volunteer: _____	Cell Phone: _____	<input type="checkbox"/> Do not give out
Staff/Volunteer: _____	Cell Phone: _____	<input type="checkbox"/> Do not give out
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Staff/Volunteer: _____	Cell Phone: _____	<input type="checkbox"/> Do not give out
Staff/Volunteer: _____	Cell Phone: _____	<input type="checkbox"/> Do not give out
Staff/Volunteer: _____	Cell Phone: _____	<input type="checkbox"/> Do not give out

Other important info:

Sacramental Life of the Parish (Attach most current calendar and registration form)

Baptism:

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Marriage:

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Religious Education Children:

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Religious Education Teen:

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Religious Education Adult:

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Other: _____

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Social Life of the Parish

Group Name: _____

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Group Name: _____:

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Group Name: _____

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Group Name: _____:

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Group Name: _____:

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

Group Name: _____:

Contact: Name: _____ Phone: _____ Email: _____

Office Hours: _____ Classes: _____

Notes: (Registration Process, Cost, Policies, etc)

