



PARISH EMERGENCY DATA FORM

Each pastor is to complete a separate form for each parish/mission under his care to be submitted by the dean to the Chancery Office at St. Mark Catholic Center.

1. Parish/Church: _____
Pastor: _____
Telephone: _____ Fax: _____
E-mail: _____
Name of Mission Church: _____
(if applicable)
2. Mass times:
Saturday evening _____ Sunday _____
Weekdays _____ First Friday _____
Holy days _____
3. Confession day/time: _____
4. Where is the tabernacle key (please be specific)?

5. If the parish census and sacramental records are computerized, who is in charge of the data entries?
Name _____
Phone (home) _____ (cell) _____
6. List all banking and other financial institutions with which the parish does business. _____

7. Please provide the name and address of the bank where the Mass stipend account is kept.

8. Where is the combination to the safe(s) kept? _____

9. Who is the responsible person to be contacted for emergency information should there ever be need of substitute assistance by another priest? e.g. deacon, secretary, etc. (Please provide two contacts)

1. Name _____

Phone (home) _____ (cell) _____

2. Name _____

Phone (home) _____ (cell) _____

10. Is there a security system for the church or rectory? _____

Who has the code?

Name _____

Phone (home) _____ (cell) _____

11. Name, address, phone number of person to be notified in case of personal emergency –

1. For the Pastor _____

Name of pastor

Name of emergency contact

Address

Home phone

Cell phone

2. For the Parochial
Vicar/Resident

Name of parochial vicar/resident

Name of emergency contact

Address

Home phone

Cell phone

Pastor Signature: _____

Date: _____

Dean Signature: _____

Date _____

***Each pastor is to complete a separate form
for each parish/mission under his care to be
submitted by the dean to the Chancery Office at St. Mark Catholic Center, Erie.***