

DIACONATE REPORTING FORM

Month: _____

Diaconate Name: _____

	Family Name	Contacted Y/N	Information
1			
2			
3			
4			
5			
6			
7			
8			
9			

OVER

DIACONATE REPORTING FORM

	Family Name	Contacted Y/N	Information
10			
11			
12			
13			
14			
15			

of Families Contacted: _____ # of Families Not Contacted: _____

Notes: