PRAESIDIUM REPORT

Name of Praesidium: ___________________________ Parish: __________ City: ______________

Date Praesidium founded: ___________ Report Number: _______ Covering the period from: ___________ to ___________

Number of Meetings: ___________ Time and Day: ___________ Place: ______________

Spiritual Director: ___________________________

President: ___________________________ appointed: ___________ term: 1st or 2nd

Vice-President: ___________________________ appointed: ___________ term: 1st or 2nd

Secretary: ___________________________ appointed: ___________ term: 1st or 2nd

Treasurer: ___________________________ appointed: ___________ term: 1st or 2nd

(Circle or fill in the blanks)

We have ______ Active Members and ______ Praetorians. This is a increase/decrease from last year.
Active Members who have a subscription to Maria Legionis: ______
Officers are/are not attending Curia Meetings. ______

Auxiliary Members: ______ This is a decrease/increase from last year. Adjutiorian: ______ Increase or Decrease?

We visited ______ Auxiliary Members this year: The # on probation: ______

They are/are not visited after three months probation. And they are/are not visited yearly and invited to the Aries.
Maria Legionis magazine is/is not introduced to Auxiliary. # who subscribe – if known:
We have/have not introduced True Devotion to Mary. Those introduced to a Total Consecration: ______

LEGION WORK:
Home Visits/Case Calls: ______ (include sick calls/shut-ins)
Hospital Visits: ______
Info Booths/Literature Racks: ______
Nursing & Retirement Home Visits: ______
Newcomer Visits: ______
Baptism/ First Communion Visits: ______ (include parent ed. visits)
Bereavement Visits: ______
CCD/RCIA Classes ______
Census Calls: ______
Communion Calls: ______
Pilgrim Virgin Statue deliveries: ______
Book Barrow: ______

Door to Door: ______
Enthronement-Sacred Heart: ______
Prison Visits: ______
Bible Study/Faith Formation Classes: ______
Rosaries Led: ______
Rides to Mass: ______ (include rides to confession & escorting nursing home residents to Mass)
Bereavement Visits: ______
Org./Help w Religious events: ______
Faith Functions Organized/Promoted: ______
Other: ______
Other: ______

Additional Information or Descriptions for Above:
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Our praesidium distributed ______ pieces of literature and ______ religious articles.

Extension and Recruitment Stressed? ______ What did you do?
A Praesidium Function was/was not held. (describe)  

(It is recommended in the Handbook that this function be held on or near the Feast of Mother Mary's Nativity - Sept 8th. A birthday celebration is common.)

________________________________________________________________________

________________________________________________________________________

New Works Undertaken (describe):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Results: (i.e. return to the sacraments, baptisms, anointing of the sick etc)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Additional Comments: (i.e. What has gone well? Challenges? Special Graces or Blessings)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Treasurer's Report Balance:______________________________________________  

Donations to Curia:_____________________________________________________

(Attach a yearly summary of your Treasury with this report. See separate form)

Date submitted:_________________________________________________________

President:_____________________________________________________________

Secretary:_____________________________________________________________
Legion of Mary – Lincoln Curia

Membership Roster
(to be completed by the Vice-President)

Date of this Report: __________

PRAESIDIUM ____________________________________________

PARISH ____________________________________________

ADDRESS ____________________________________________

DATE ORGANIZATION WAS FOUNDED: (Month/Day/Year) __________

Number of Active Members (include Spiritual Director) ______

Number of Auxiliaries _______ Adjutorians _______ Praetorians _______

SPIRITUAL DIRECTOR ___________________________ Email: ___________________________

President ___________________________ Email: ___________________________

Address ___________________________ Zip _______ Date of Curia Appointment: ______

Phone ___________________________ Date 1st Term: __________ Date 2nd Term: __________
(State actual date you began the duties, i.e. you may have started before the official Curia appointment)

Vice President ___________________________ Email: ___________________________

Address ___________________________ Zip _______ Date of Curia Appointment: ______

Phone ___________________________ Date 1st Term: __________ Date 2nd Term: __________
(State actual date you began the duties, i.e. you may have started before the official Curia appointment)

Secretary ___________________________ Email: ___________________________

Address ___________________________ Zip _______ Date of Curia Appointment: ______

Phone ___________________________ Date 1st Term: __________ Date 2nd Term: __________
(State actual date you began the duties, i.e. you may have started before the official Curia appointment)

Treasurer ___________________________ Email: ___________________________

Address ___________________________ Zip _______ Date of Curia Appointment: ______

Phone ___________________________ Date 1st Term: __________ Date 2nd Term: __________
(State actual date you began the duties, i.e. you may have started before the official Curia appointment)

Time, Day, & Place of Weekly Meeting ___________________________

(Over)
# LIST OF ACTIVE MEMBERS

(Include also your officers from the front side – but list the dates when they joined the Legion of Mary)

<table>
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Treasurer's Report

Church: ____________________________
Praesidium: ____________________________

Beginning Balance as of ____________________________:

Total Collections:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Total Expenditures:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Ending Balance as of ____________________________:

Respectfully Submitted: ____________________________

TREASURER

DATE

These records were audited by the undersigned and are found to be true and accurate.

____________________  ________________________  ______________________  ________________________
Name and title  Date  Name and title  Date