



**SOCIETY OF SAINT VINCENT DE PAUL**  
**Secretary's report to the Central/Regional Council**

**Activity report for the year \_\_\_\_\_**

Particular Council \_\_\_\_\_

**ACTIVITIES**

- a) Number of families served: \_\_\_\_\_ Number of visits to families: \_\_\_\_\_  
Number of adults served \_\_\_\_\_ Number of children served: \_\_\_\_\_
- b) Nbr of single adults served: \_\_\_\_\_ Nbr of visits to singles adults: \_\_\_\_\_
- c) Nbr of sick persons served: \_\_\_\_\_ Nbr of visits to sick persons: \_\_\_\_\_
- d) Number of inmates served: \_\_\_\_\_ Number of visits to inmates: \_\_\_\_\_
- e) Number of other visitations (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFILIATED CONFERENCES MEMBERSHIP** (*Rule, rev. 2006, art. 1.4.1*)

- a) Number of Full Members: \_\_\_\_\_
- b) Number of Auxiliary Members: \_\_\_\_\_
- c) Number of Youth Members: \_\_\_\_\_
- d) Total number of members: \_\_\_\_\_
- e) Total number of members serving on Special Works: \_\_\_\_\_

**SPECIAL ACTIVITIES BY COUNCIL AND AFFILIATED CONFERENCES**

- a) Christmas: \_\_\_\_\_
- b) Fundraising: \_\_\_\_\_
- c) Other activities: \_\_\_\_\_

\_\_\_\_\_  
President's signature

\_\_\_\_\_  
Date

**Number should include the activities by the Particular Council.**

**Please forward to reporting Central or Regional Council.**

*(Rule, rev. 2006, art. 2.3.9.2, 2.3.14).*