Apostolic Visitation of Institutes of Women Religious in the United States Questionnaire for Major Superiors

PART A

Throughout this questionnaire "unit" refers to the congregation, province, region, delegation, monastery, or other entity for which you are responsible. Please provide information only for this unit. Unless otherwise requested, please include information for all sisters for whom you are canonically responsible (including sisters outside the United States, if applicable). A sister on exclaustration should be included in the count of members of your unit. A sister in the process of transfer from one religious institute to another should be counted by the unit *from* which she is transferring. If the unit has been reconfigured or is in the process of reconfiguration, please provide the information for the unit as of September 1, 2009.

Contact information for the major superior responsible for responding to this questionnaire:			
N	ame of Religious Institute:		
In	itials: Kenedy Directory Number:		
N	ame of Person Responding:		
Ti	tle of Person Responding:		
Pı	rovince, Region, Delegation, if applicable:		
Te	elephone:		
E-	-mail:		
1.	Which best describes the unit for which you are responding? □¹ Congregation □² Province □₃ Region □⁴ Delegation □₅ Monastery □₆ Other (please specify):		
2.	What is the canonical status of your unit (or of the congregation, province, etc. of which the unit is a part)? □₁ Religious Institute of Diocesan Right □₂ Religious Institute of Pontifical Right □₃ Monastery □₄ Other (please specify):		

3.	Has your unit been reconfigured since September	1, 1999?	$\square_1 Yes$	$\square_2 No$	
4.	<i>If yes</i> , please list each of the former entities (e.g. provinces, congregations) which are now components of the new configuration. (Add extra lines if necessary.)				
5.	Is your unit divided into geographical areas or group	upings (e.g.	., regions)?	$\square_1 Yes$	□₂No
	If yes, please list all geographical areas or groupings. (Add extra lines if necessary.)				
	in the United States:		outside the	United States:	
Me	embership:				
6.	Please indicate the <u>total number</u> of sisters in your unit (including any sisters residing outside the United States) who are in each category as of September 1, 2009. Include sisters on exclaustration. Any sister in the process of transfer from one religious institute to another should be counted by the unit <i>from</i> which she is transferring.				
	(a) Postulants/candidates (after entrance but before novitiate)(b) Novices (those received into the Novitiate but not yet professed)(c) Temporary vows(d) Perpetual/Solemn vows				
	(e) Total number of all in this unit (sum of a, b, c, and d, above)				
7.	In what year did the newest member of	of your unit	make first p	profession?	

	each category as of September 1, 2009:						
	(a) Postulants/candidates (after entrance but before novitiate)						
		ices (canonical and apporary vows	oostolic)				
		etual/Solemn vows					
9.	Of all those in your unit reported in question 6, above, please indicate the total number within each category who were born in each decade:						
	Decade of Birth	Perpetually/ Solemnly Professed Sisters	Temporary Professed Sisters	Novices	Candidates/ Postulants		
	Before 1910	(a)	(k)	(aa)	(kk)		
	1910-1919	(b)	(l)	(bb)	(11)		
	1920-1929	(c)	(m)	(cc)	(mm)		
	1930-1939	(d)	(n)	(dd)	(nn)		
	1940-1949	(e)	(0)	(ee)	(00)		
	1950-1959	(f)	(p)	(ff)	(pp)		
	1960-1969	(g)	(q)	(gg)	(qq)		
	1970-1979	(h)	(r)	(hh)	(rr)		
	1980-1989	(i)	(s)	(ii)	(ss)		
	1990 or later	(j)	(t)	(jj)	(tt)		
10.	(a) From	n September 1, 1999 t	your unit as <i>candidate</i> : hrough August 31, 200 chrough August 31, 200	04	these periods:		
11.	Of the total number	who entered between	n September 1, 1999 and wing race/ethnic category	nd August 31, 2009	, please indicate		
	$\underline{\hspace{1cm}}$ (b) Angl	lo, Caucasian, non-Hi n or Pacific Islander	n, non-Hispanic black spanic white				

12.	Of the total number who entered between September 1, 1999 and August 31, 2009, the number who remain in the unit as of September 1, 2009		
13.	Of those who entered and then left between September 1, 1999 and August 31, 2009, please indicate the <u>number</u> who left your unit at each stage of initial formation or incorporation. Please include any sisters who died during any of these stages of initial formation or incorporation.		
14.	Please indicate the total <u>number</u> of perpetual/solemn professions in your unit (regardless of year of entrance) during the following time periods:		
	(a) From September 1, 1999 through August 31, 2004 (b) From September 1, 2004 through August 31, 2009		
15.	Please indicate the <u>number</u> of sisters from your unit who have initiated or completed transfer <i>to another religious institute</i> since September 1, 1999:		
	(a) Number who have initiated but not yet completed transfer(b) Number who have completed transfer		
16.	Please indicate the <u>number</u> of sisters from another religious institute who have initiated or completed transfer <i>to your unit</i> since September 1, 1999:		
	(a) Number who have initiated but not yet completed transfer(b) Number who have completed transfer		
17 Total <u>number</u> of sisters in your unit on exclaustration as of September 1, 2009. For each sister on exclaustration, please indicate the date exclaustration was granted and age of the sister at the time exclaustration was granted. (Add extra lines if necessar			
	Year Age of sister		
	(a)(aa)		
	(b)(bb)		
	(c)(cc)		
18.	Please indicate the <u>number</u> of sisters from your unit who have received an indult of departure during the following time periods:		
	(a) From September 1, 1999 through August 31, 2004 (b) From September 1, 2004 through August 31, 2009		

	-	the indult was granted. (Add extra lines if necessary.)
	Year	Age of sister
	(a)	, ,
	(b)	(bb)
	(c)	(cc)
	ease indicate the <u>number</u> of sisters friods:	From your unit who have died during the following time
	(a) From September 1, 199	
	(b) From September 1, 200	04 through August 31, 2009
Living	Arrangements:	
	section, the term "religious house" ed (cf. Can. 608).	refers to a legitimately constituted house with Eucharist
	Number of religious hou Number of sisters of you	ses of your unit or unit who have the Eucharist reserved where they reside
23. Ple	ease indicate the number of sisters i	n your unit who reside in each of the following settings:
		our institute (but not of your unit) nother institute a religious house (include sisters residing alone as well as ther religious, family, other laity, or anyone else in any setting
	(e) Total number of sisters	above (should equal the total number reported in number 6(e))
	the sisters in your unit who reside mber who reside:	in any setting that is <u>not a religious house</u> , please indicate the
		religious institutes
	(h) Total number of sisters	s above (should equal the total in number 23 _(d) .

19. For each sister for whom an indult of departure was granted, please provide the date of the indult

			□₁Yes □₂No	
			□1 Yes □2 No	
			□1 Yes □2 No	
	und roeman (only und butter) of the fuelity	residing in this facility	facility?	
	Name and location (city and state) of the facility	Number of sisters from your unit	Is this a Catholic	
27. Please list the specific names and locations of each facility that provides <i>skilled an</i> for sisters in your unit and the number of sisters residing in each as of September motherhouses, infirmaries and other facilities that provide skilled and/or assisted clines if necessary.)			1, 2009. Include	
	(c) <u>Independent living</u> – These are sisters who are dactivities of daily living, are competent in decision making, an problem-solving activities of daily life. These sisters often live	d are able to carry	out the normal	
	(a) Skilled care – Care is provided for sisters with I whose needs are met by appropriate health care personnel und. These sisters would normally be found in a nursing home setting.	er the direction of a		
26.	Please indicate the <u>number</u> of infirm or retired sisters (i.e., retiministry) in your unit who require each level of care. Please scare.			
	(Add extra lines if ne	cessary.)		
	(c) Study(d) Other (please specify):			
	(a) Apostolate (b) Health			
	reasons of:			

Total number of sisters in your unit who reside in the motherhouse or other central house (include novitiate, formation house, infirmary, or other buildings or sections that

are considered part of the motherhouse)

6

29.	Number of sisters in your unit who reside in the motherhouse (or other central house) who regularly participate in Eucharist, prayers, meals, or recreation in common with all sisters living within that same house
30.	Number of infirm or retired sisters (i.e., retired from full-time or part-time active ministry) in your unit who reside at the motherhouse
31.	Number of infirm or retired sisters (i.e., retired from full-time or part-time active ministry) in your unit who reside in a retirement home, infirmary, or other facility outside the motherhouse
Go	vernance:
32.	Please indicate if you, in your capacity as major superior, or your unit holds membership in the following.
	$\begin{array}{llllllllllllllllllllllllllllllllllll$
	<i>If yes to "other,"</i> please list the organizations and include a brief description of the purpose of each:
Mi	nistry:
33.	Please indicate the <u>number</u> of <i>professed sisters</i> (temporary and perpetual/solemn vows) in each category.
	(e) Total $-$ This should match the total number of professed sisters listed above in 6 (c&d)
34.	For sisters in full-time or part-time ministry, please indicate the <u>number</u> in each category.
	(a) Number who receive a salary or stipend(b) Number in volunteer (non-compensated) ministry

35. For sisters in full-time or part-time ministry (including volunteer ministry), pleasumber in each type of ministry. Please count each professed sister only once,	
that <u>best describes</u> her primary ministry.	using the eutogory
(a) Education (all levels, include early childhood, adult education, li education)	teracy, special
	care, chaplaincy,
(d) Social services (include direct service, social work)(e) Social justice and/or advocacy	
(f) Arch/diocesan, regional, or national Church ministry(g) Internal (intra-community) services (include leadership, formation support services)	on, administration,
(h) Other Church-related ministries (please specify): (i) Other non-Church related activities/employment (please specify)	<u> </u>
36. For sisters in full-time or part-time ministry (including volunteer ministry), pleanumber who minister in each type of institution or setting. Please count each proportion once, using the category that best describes the setting for her primary ministry.	rofessed sister only
(a) Ministry in the institute or sponsored by the institute(b) Ministry sponsored by another Church organization (e.g., parish, religious institute, other Catholic organization)	diocese, other
(c) Ministry sponsored by another non-profit organization	
(d) Ministry/work in the public sector (e.g., government agency)(e) Ministry/work in the private sector (please specify)	
Signature of Major Superior responsible for this report:	
Date:	
If you are mailing this Questionnaire, places and Part A to	

If you are mailing this Questionnaire, please send Part A to:

Center for Applied Research in the Apostolate (CARA) 2300 Wisconsin Avenue NW, Suite 400 Washington, DC 20007

