

**Arlington Senatus, Legion of Mary
2025 Bishop's Annual Report COUNCIL SUMMARY**

Instructions for Councils:

- +Use this form to compile the reports from your Praesidia **due February 1, 2026**, and sub-Councils.
- + **The reporting period is January 1, 2025, to December 31, 2025.** Please ensure that all statistics are for that period and are **submitted by April 5, 2026.**

1. Name of Council: _____

2. Membership: (* Includes probationary members)

	Senior	Junior	Total
Number of Praesidia			
*Number of Active Members			
*Number of Auxiliary Members			

3. Number of parishes with Legion: _____, **number without Legion:** _____

4. Names of parishes with Legion (use additional sheets if necessary): _____

5. Names of Spiritual Directors* (use additional sheets if necessary): _____

6. Totals for Assigned Legion Works:

APOSTOLIC WORK	# of visits	# of contacts	APOSTOLIC WORK	# of visits	# of contacts
Nursing home/hospital or hospice visitations			Parishioner outreach as assigned by the parish (shut-in; elderly; newly baptized)		
Pilgrim Virgin visitations			Parish Evangelization Projects (PEP)		
Book barrow **	# of setups:		Exploratio Dominicalis		
Crowd contact or Legion table setup on parish/public places**			Prison visitations		
Coordinate Bible Study			Sacred Heart enthronements		
Catholic formation of CHILDREN; CCD/OCIC	# of sessions:		Patrician meetings	# of sessions:	
Catholic formation of	# of		Organizing rosaries and other		

ADULTS OCIA -leading spiritual formation retreats or spiritual studies	sessions:		devotions, speaking with people before or after –*(Contacts) OR Leading rosary making for juniors		
Auxiliary contacts			Legion-assigned recruiting efforts		
Visitation to OCIA graduates			True Devotion to the Nation works (HB, Chap 12 #3) ***		
Running Junior Legion			Funerals- rosary/Mass or Funeral Home – speaking with people before or after *		

Door to door visits: # of Catholics: _____ # Active: _____ # Lax: _____ # Inactive: _____ # Unknown: _____ #Total Catholics: _____

7. Note below the types/names and cities where these crowd contacts occurred, e.g. House of Mercy Thrift Shop, outside railroad/Metro station, Public Park, shopping center, etc.

Names and City Locations of Institutions:

Nursing Homes/Assisted Living/Hospitals: _____

Prison Ministry: _____

Book Barrow: _____

Crowd Contact: _____

Parish Evangelization (PEP) _____

Perigrinatio Pro Christo (PPC) _____

Patricians _____

8. Note below what types of True Devotion to the Nation works were done, e.g., delivered groceries, drove to doctor visits, served the pastor in miscellaneous parish works

9. **RESULTS:** Include PPC/PEP Actual statistics that your Council sponsored.

Count only if there was substantial involvement as a result of an **assigned** Legion work.

Returns to the Church: _____ # Conversions: _____ # Baptisms: _____ # Marriages validated: _____

Other results (describe):

10. Highlights that might be of interest to our Bishop: (e.g., conversion stories, possible miracles, etc.; use additional sheets if necessary)

Contact person: _____

Position: _____

Phone: _____

Email: _____