

Minister's Monthly Report to State/Regional Office

Report No: _____ Minister's License No. _____
Name: _____ Member of church at: _____
Report for Month Ending: _____ Year: _____

ACCOUNTABILITY

Sermons: _____ Converted: _____ Sanctified: _____
Received Holy Spirit: _____ Baptized in Water: _____ Added to Church: _____
Homes Visited: _____

STEWARDSHIP

Tithes Rec'd: _____ Offering Rec'd: _____ Tithe Paid to Local Church: _____
Tithe Due S/R Office: _____

PASTORAL:

Total Membership: _____ Average Weekly Attendance: _____
Children's Ministry Active: (Y/N) _____ Average Children Attendance: _____
Youth Ministry Active: (Y/N) _____ Average Youth Attendance: _____

GENERAL INFORMATION

How many hours of Continuing Education Credits did you receive this month? _____

Please share below where and how you received Continuing Education Credits this month:

How may we pray with and for you this month?

How may we rejoice with you for all God is doing in your life and ministry this month?

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