



Minister Report

Reporting State: _____

Report Year: 20____

Report Month: _____

Minister ID# :

Name:

Address:

:

City:

State/Zip:

Telephone # :

Email:

Has marital status changed since last report? Yes No

Do you have a supplemental vocation to your ministry? Yes No

Ministry Context:

Church File
Number(Lead Pastor
Only):

Revivals:	<input type="text"/>	Visits:	<input type="text"/>	Converted:	<input type="text"/>
Special Services:	<input type="text"/>	Other:	<input type="text"/>	Restored:	<input type="text"/>
Sermons:	<input type="text"/>	Personal Evan Mtgs:	<input type="text"/>	Sanctified:	<input type="text"/>
Lectures:	<input type="text"/>	Worker's Classes:	<input type="text"/>	Baptized with Holy Ghost:	<input type="text"/>
Counseling Hours:	<input type="text"/>	Choir Training Mtgs:	<input type="text"/>	Baptized in Water:	<input type="text"/>
				Members Added:	<input type="text"/>

Ministerial Training/Fellowship Events:

Education:

(State meetings, Conferences, etc.)

Ministerial Compensation: \$

Ministerial Expenses: \$

Do You Pay Tithes?

Yes

No

Where Paid

Amount to International
Headquarters

Death Benefit Program	\$	<input type="text"/>
Accident Insurance:	\$	<input type="text"/>
Ministerial Care:	\$	<input type="text"/>
Training Ministers:	\$	<input type="text"/>
Other:		<input type="text"/> \$
		<input type="text"/>
