** 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: |  | Visits: |  | Converted: |  |
| Special Services: |  | Other: |  | Restored: |  |
| Sermons: |  | Personal Evan Mtgs: |  | Sanctified: |  |
| Lectures: |  | Worker's Classes: |  | Baptized with Holy Ghost: |  |
| Counseling Hours: |  | Choir Training Mtgs: |  | Baptized in Water: |  |
|  |  |  |  | Members Added: |  |

|  |  |  |
| --- | --- | --- |
| 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](http://coghq.org/reports/minister/nohref) |  |
| Death Benefit Program | $ |
| Accident Insurance: | $ |
| Ministerial Care: | $ |
| Training Ministers: | $ |
| Other: | $ |