

MONTH _____ 20____ REPORT NO. _____ MINISTER'S LICENSE NO _____
MINISTER'S MONTHLY REPORT TO STATE/REGIONAL/NATIONAL OVERSEER

Name _____ Member of church at _____

Email Address _____ Pastor of church at _____

Home address in full _____

Church address in full _____

Home Phone (_____) _____ Church Phone (_____) _____

Cell Phone (_____) _____ [_____] Bishop [_____] Minister [_____] Lay Minister

ACCOUNTABILITY

Sermons _____ Converted _____ Sanctified _____ Received Holy Ghost _____

Added to Church ____ Baptized in water ____ Church homes visited ____ Outreach homes _____

STEWARDSHIP

Tithes you received _____ Offerings you received _____ Tithes you paid at local church _____

Expenses in ministry _____ Tithes enclosed with this report _____

GENERAL INFORMATION

Do you subscribe to the White Wing Messenger? _____ Are you a Heritage Care member? _____

No. revivals you conducted this month _____ Where _____

Number of new home prayer meetings ____ Do you have a consistent prayer life and family worship? ____

Are you continuing to upgrade your ministry? _____

PASTORAL

Total membership _____ Members saved _____ Sanctified _____ Have Holy Ghost _____

No. of backsliders _____ **Transfers received** in state _____ From out of State _____

Transfers sent in state _____ out of state _____ Deceased _____ Excluded _____

Average Sunday School attendance _____ Average Sunday morning attendance _____

Are you operating: Pastoral Care? _____ Women's Ministries? _____ Youth Ministries? _____

Children's Ministry? ____ Men's Ministries? ____ Family Ministries? ____

Mission offering? _____ Number of Heritage Care members _____

Did your church observe Lord's Supper and Feet Washing this month? _____

Is your church experiencing revival? _____ Do you have a weekly outreach ministry? _____

Are you actively pursuing leadership development in your church? _____