

PASTOR'S MONTHLY REPORT TO STATE OVERSEER

Name	Total Membership
_____	_____
Ministers ID License #	Average Attendance
_____	_____
Month/Year	Children's Ministry
_____	<input type="checkbox"/> Active
	<input type="checkbox"/> Inactive
Sermons	Children's Ministry Average
_____	_____
Converted	

Sanctified	Youth Ministry
_____	<input type="checkbox"/> Active
	<input type="checkbox"/> Inactive
Received Holy Ghost	Youth Ministry Average
_____	_____
Water Baptized	

Added to Church	Report Comments
_____	_____

Homes Visited	_____
_____	_____
Tithes Received	_____
_____	_____
Offerings Received	_____
_____	_____
Tithe paid to Local Church	_____
_____	_____
Tithe to State Office	_____
_____	_____