

## MINISTER'S REPORT OF ADDITIONS BY BAPTISM OR PROFESSION OF FAITH

<b>1. Full Name</b>	<b>Ethnicity</b> <input type="radio"/> Caucasian <input type="radio"/> African Amer. / African <input type="radio"/> Hispanic <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Native Amer. / 1st Nation <input type="radio"/> Middle Eastern <input type="radio"/> Other	<b>Complete Address</b> (City, State, Zip Code)	<b>Phone</b>  Home:  Cell:	<b>Marital Status</b>  <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed		
<b>Email Address</b>	<b>Gender</b> <input type="radio"/> Male <input type="radio"/> Fem	<b>Birth Date</b>	<b>Baptism Date</b>	<b>Prof. of Faith Date</b>	<b>SDA Family?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Church Joined</b>

<b>2. Full Name</b>	<b>Ethnicity</b> <input type="radio"/> Caucasian <input type="radio"/> African Amer. / African <input type="radio"/> Hispanic <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Native Amer. / 1st Nation <input type="radio"/> Middle Eastern <input type="radio"/> Other	<b>Complete Address</b> (City, State, Zip Code)	<b>Phone</b>  Home:  Cell:	<b>Marital Status</b>  <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed		
<b>Email Address</b>	<b>Gender</b> <input type="radio"/> Male <input type="radio"/> Fem	<b>Birth Date</b>	<b>Baptism Date</b>	<b>Prof. of Faith Date</b>	<b>SDA Family?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Church Joined</b>

<b>3. Full Name</b>	<b>Ethnicity</b> <input type="radio"/> Caucasian <input type="radio"/> African Amer. / African <input type="radio"/> Hispanic <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Native Amer. / 1st Nation <input type="radio"/> Middle Eastern <input type="radio"/> Other	<b>Complete Address</b> (City, State, Zip Code)	<b>Phone</b>  Home:  Cell:	<b>Marital Status</b>  <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed		
<b>Email Address</b>	<b>Gender</b> <input type="radio"/> Male <input type="radio"/> Fem	<b>Birth Date</b>	<b>Baptism Date</b>	<b>Prof. of Faith date</b>	<b>SDA Family?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Church Joined</b>

MINISTER REPORTING \_\_\_\_\_ DATE REPORT SENT \_\_\_\_\_

The minister reporting baptisms or those taken into the church by profession of faith must complete this report. Original and three copies must be filled in immediately following the baptism. Please send a copy to the church clerk and a copy to your conference membership clerk as soon as possible. (Revised 4/29/14)