KENTUCKY-TENNESSEE CONFERENCE

MINISTERS' REPORT OF ADDITIONS BY BAPTISM, PROFESSION OF FAITH & REBAPTISM

For the month of _

Date Submitted: _____

Baptizing Pastor: _____

Submit one copy per month per church.

No	Full Name	(Mr. Mrs. Ms.)	DOB	Marital Status	Complete Address	Baptism Date	POF Date	Rebap Date	Initial Contact	Church joined	++Head of Household

Please Mail This Copy to the Ministerial Department at the Conference Office, Keep a Copy For Your Records.

Initial Contact Codes

A-Bible Studies by Pastor B-Bible Studies by Member C-Raised in SDA Family D-SDA friends E-Attendance at SDA Church F-Pastor Contact G-SDA Literature H-Evangelistic Interest I-Radio/TV Program J-Literature Evangelist

Kentucky-Tennessee Conference Attn: Ministerial Department P. O. Box 1088 Goodlettsville, TN 37070

++**Head of Household** If there is a relative in the same household who is already a member of the same church, please use their name.