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.