

ARKANSAS-LOUISIANA CONFERENCE
Ministers' Report of Additions by Baptism, Profession of Faith, and Re-Baptisms

For the Month/Year of _____

Print or Type

No.	Mr., Mrs., or Miss with Full Name	Complete Address and Phone Number	Date of Birth	Date of Baptism	Date of POF	Date of Re-Baptism	Name of Church Joined	*Name of Head of Household and Marital Status
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Pastor's Name _____

This report must be completed by the minister reporting those baptized, received by profession of faith, or rebaptized. Please send a copy of this form to the Conference Membership Clerk.

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