

**MINSTER'S REPORT OF ADDITIONS BY BAPTISM OR PROFESSION OF FAITH**

NO	Name Mr., Mrs., or Miss with Full Name	Complete Address and Phone	ZIP	Full Date of Birth	Date Baptized	Date of Profession of Faith	# Date of Re-baptism	From SDA Family	Church Joined	Send Visitor
1										
2										
3										
4										
5										
6										
7										
8										
9										

<b>TOTAL NAMES REPORTED ABOVE</b>		<b>DATE REPORT SENT</b>		<b>MINISTER REPORTING</b>	
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This report must be completed by the Pastor reporting the Baptisms or Professions of Faith. This form needs to be submitted immediately to ensure accurate statistical reporting. You may mail to 720 Museum Rd, Reading, PA 19611, fax to 610-374-9331. Hispanic churches may contact Elizabeth Nivar at: enivar@paconference.org, 610-374-8331 ext 200. All others should contact Diane Reese at: dreese@paconference.org, 610-374-8331 ext 248. Remember to send a copy to your local church clerk and keep a copy for yourself.

If the home is **not** receiving the VISITOR, (which includes the monthly Review), please write YES in the VISITOR column, and the home will be placed on the mailing list at once.

**#REBAPTISM:** Is this person a present member of the Seventh-day Adventist Church?

Yes	If YES, Name of Church where membership is held.	
No	If NO, Name of Church from which person was dropped	