

Local Church Clerk's Report

QUARTER ENDING

Church: _____

Address: _____

DIRECTIONS FOR USING THIS REPORT:

- Obtain information from the:
 - Statistical Secretary
 - Treasurer
 - Sabbath School Secretary
- Copies of this completed report to your:
 - Conference Secretary (First Copy)
 - Pastor (Second Copy)
 - Church Files (Third Copy)
- This report is to be completed by the
5th day following the close of the Quarter.

- Church Clerk's Name: _____
- Address: _____

- Did your church hold the quarterly ordinances? _____
- Did your church hold the quarterly business meeting? _____
- S.S. Mission Offering \$ _____
- C.W.D. Offering \$ _____
- If any officer has been changed during the quarter give:
Name of newly Elected Officer Office
a. _____
Address: _____
b. _____
Address: _____

SABBATH SCHOOL MEMBERSHIP

CHILDREN: Cradle Roll (0-3) _____
Kindergarten (4-6) _____
Primary (7-9) _____
Junior (10-12) _____
Earliteen (13-15) _____
YOUTHS: (16-18) _____
YOUNG ADULTS: (19-30) _____
ADULTS: (31 & Over) _____
TOTAL: (All Categories) _____
Do you have a church building? _____
What is the seating capacity? _____

Membership	Pre-Teens	Teens	Young	Adults	TOTAL
Baptism					
Prof. of Faith					
Letter					
Total					

TOTAL				
				-

AJY & AY SOCIETY MEMBERSHIP

Is your Youth Soc Yes
No. AJY _____ No. AY _____

Church Membership Summary

Membership, End of Previous Quarter
Add the Total Number Added
Sub-total
Subtract the Total Number Dropped
Membership, End of This Quarter

(A) +	_____

(B) -	_____

ELEMENTARY EDUCATION

(For last quarter only)

- Does the church conduct a school? No
- What type is i Preparatory
- What is the enrollment? _____
- How many SDA students attend? _____
- How many teachers are on staff? _____

Members Added (Use separate paper if needed)

Name	Baptism Date (mm/dd/yy)	Prof of Faith Date (mm/dd/yy)	Letter Give Date (mm/dd/yy)	From Which Church	

Members Dropped (Use separate paper if needed)

Name	LETTER Give Date	TO WHAT CHURCH	DEATH Give Date	DISFELLOW- SHIPPED Give Date	Non-reporting Give Date

Sisters whose Names have been changed through Marriage during the Quarter

Name Before marriage	Name After Marriage

Church Property : (For Last Quarter Only)

Is your church Insured ? (Y/N) _____ Are premiums up to date ? (Y/ N) _____	
What is the seating capacity of your church ?	_____
What is the value of your Church properties ?	_____
Note :	
Signed:	_____
Date:	_____