

CHURCH

ADDRESS

CITY/STATE/ZIP CODE

PASTOR

DISCIPLINARY REPORT

DATE: _____

DISCIPLINARY QUESTIONS	QUARTER				TOTAL
	1 ST	2 ND	3 RD	4 TH	
1. Are there any appeals?					
2. Any license applied for to preach or exhort?					
3. Any license to be renewed?					
4. Conversions this quarter?					
5. Received on probation?					
6. Received into full membership?					
7. Ready for full membership?					
8. Received by certificate?					
9. Left with certificate—names, where did they go?					
10. Left without certificate?					
11. Total number joining church?					
12. How many expelled? Names. Why?					
13. How many died? Names.					
14. Number of full members?					
15. Number of registered voters?					
16. Number of probationers?					
17. Have probationers been instructed in Doctrine, Discipline and History?					
18. Number of affiliated members?					
19. Number of preparatory members? (Children under 12)					
20. Increase in full members this quarter?					
21. Marriages performed by the Minister?					
22. How many baptisms this quarter (over 18)?					
a. Infants (few weeks to 5 years)?					
b. Children (6 to 12)?					
c. Youth (13 – 18)?					
23. How many Sunday Schools? (Sunday School Report)					
a. Number on roll?					
b. Money collected?					
c. Money disbursed?					
d. Books in library?					
24. Do you have a Lay Organization?					
a. Number of members?					
25. Church incorporated properly?					
26. Number of community projects receiving funds outside the church?					
27. Stewards Report:					
a. Raised?					
b. Paid Minister?					
c. Paid Presiding Elder?					
d. Other purposes?					
28. Trustee Report:					
29. All church properties insured?					
a. At what amount?					
30. Present indebtedness?					
a. Stewards?					
b. Trustees?					
c. Stewardship Committee?					
31. Collected for General Budget fund?					
32. Number of subscribers to church periodicals?					
33. Roll call of reports from organizations and auxiliaries?					
34. Will Conference receive and adopt all reports?					

PASTOR: _____

PRESIDING ELDER: _____

SECRETARY: _____