

Pastor's Monthly Report

_____ 20_____

(Due the 7th of the following month)



Local Church Name: _____

Pastor Name: _____

What is the greatest struggle for your church at this time?

I would like to communicate to Dr. Roland about the following:

Evangelism

1. Number of Conversions/Sanctifications
2. Number of Baptisms
3. Number of Infant Dedications

Month **YTD**

1. _____

2. _____

3. _____

Church Membership

4. Number of Full Church Members at beginning of church year
5. Received by Profession of Faith this Month
6. Received from Other denominations this Month
7. Received by Transfer from other Nazarene Churches this Month
8. Church Members Lost by Death, board removal, or transfer
9. **Total Church Members (Line 4 plus 5,6,7, minus 8)**

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Worship

10. Average Attendance weekly corporate worship (included youth & children)
11. Number of times communion served this Month
12. Number of prayer groups meeting regularly

10. _____

11. _____

12. _____

Discipleship Ministries

(Sunday School/Extended Ministries Responsibilities/Discipleship/Bible Study)

Month

YTD

	Responsibility List	Actual Attendance	Responsibility List	Actual Attendance
13. Children				
14. Youth				
15. Adults				
16. TOTAL				

Count each person only once. Lines 17 a-c should add up to Line 16 a.

Month YTD

17a. Of line 16a, how many attended Sunday School 17a. _____

17b. Of line 16a, how many attended Discipleship Groups 17b. _____

17c. Of line 16a, how many attended "other" groups/events 17c. _____

Who are you discipling & Who is discipling you?

FINANCIAL SUMMARY

Month

YTD

Total Church Income 18. _____ 18a. _____

Given to the WEF Fund 19. _____ 19a. _____

Given to Approved Mission Specials 20. _____ 20a. _____

Given to Pension Fund 21. _____ 21a. _____

Given to Education Fund (ONU) 22. _____ 22a. _____

Given to District Mission Fund 23. _____ 23a. _____

Total Given to Global and District Missions (Lines 19-23) 24. _____ 24a. _____

MAKE A COPY FOR YOUR RECORDS!!!

Please submit to the NEI District Office by the 7th

Mail: 1950 S 350 E, Marion, IN 46953 Email: office@neinazarene.org Fax: 765.664.0365

FOR OFFICE USE ONLY

DATE RECEIVED: _____ / _____ / _____

VIEWED BY SUPERINTENDENT: YES NO