



Evangelistic Apostolic Church Diocese

MONTHLY MINISTRY REPORT

| | | | |
|--------------------------|--|---|-----------------------------------|
| Date: ____ / ____ / 20__ | | Type: <input type="checkbox"/> Personal <input type="checkbox"/> Parish <input type="checkbox"/> Diocesan | |
| Print Name: _____ | | <input type="checkbox"/> Deacon <input type="checkbox"/> Priest <input type="checkbox"/> Bishop <input type="checkbox"/> Archbishop | |
| Address: _____ | | City: _____ | State: _____ Zip Code: _____ |
| Phone: (____) _____ | | Email: _____ | Web: _____ |
| Personal Ministry: _____ | | Birthday: ____/____/____ Spouse's Name: _____ Spouse's Birthday: ____/____/____ Wedding Anniversary: ____/____/____ | Comments: _____ _____ _____ |

| | | | |
|----------------------------|------------------------|--|--|
| PARISH INFORMATION: | | | |
| Parish Name: _____ | | | |
| Address: _____ | | City: _____ | State: _____ Zip Code: _____ |
| Phone: (____) _____ | | Email: _____ | Web: _____ |
| No. of Parishioners: _____ | No. of Converts: _____ | Any Baptisms? <input type="checkbox"/> Yes <input type="checkbox"/> No | Any Weddings? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parish Assessment: _____ | | | Monthly Tithe Receipt: \$ _____ |
| _____ | | | Diocese Support: <input type="checkbox"/> \$ _____ |
| _____ | | | Contribution to \$ _____ |
| _____ | | | |

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|------------------------------|------------------------|--|---|
| DIOCESAN INFORMATION: | | | |
| Diocese: _____ | | | |
| Address: _____ | | City: _____ | State: _____ Zip Code: _____ |
| Phone: (____) _____ | | Email: _____ | Web: _____ |
| No. of Parishes: _____ | How Many Clergy? _____ | Ordinations? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Names of Ordinands: _____ _____ _____ | Monthly Tithe Receipt: \$ _____ Diocese Support: \$ _____ Contribution: \$ _____ |
| Chapels: _____ | Deacons: _____ | | |
| Other: _____ | Priests: _____ | | |
| | | Diocesan Assessment: _____ | |
| Bishop Ordinary: _____ | | | |

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|--------------------------------------|--|
| ADDITIONAL COMMENTS/REQUESTS: | |
| _____ _____ _____ | |

All Checks Payable: *Good Hope Church*
 3810 Ropers Church Rd.
 Lanexa, VA. 23089

Include this monthly report with your monthly check
 Required for all members this report for previous month
 is Due by the 5th of each month.

Make Copies of this report for your files

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|-------------------------|--|
| Upcoming Events: | |
| Date: _____ | |
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| | |
| | |

Signed: _____ Date: ____ / ____ / 20__