



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 \$ _____

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: _____		Diocesan Assessment: _____
Other: _____	Priests: _____		
Bishop Ordinary: _____			

ADDITIONAL COMMENTS/REQUESTS:
_____ _____ _____

All Checks Payable: <i>Good Hope Church</i> 3810 Ropers Church Rd. Lanexa, VA. 23089	Include this monthly report with your monthly check Required for all members this report for previous month Report Due no later than by the 10th of each month
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Upcoming Events:
Date: _____

Signed: _____ Date: ____ / ____ / 20__