

DATE SENT _____

PASTOR _____

PASTORAL REPORT OF BAPTISMS/PROFESSIONS OF FAITH

NAME ADDRESS PHONE E-MAIL ADDRESS	BIRTH DATE	EVENT DATE	MALE FEMALE	SINGLE MARRIED WIDOWED DIVORCED	BAP	RE-B	POF	CHURCH JOINED	FROM SDA FAMILY	PASTOR PERFORMING BAPTISM	SEND LAKE UNION HERALD	SEND REVIEW
			M F	S M W D								
			M F	S M W D								
			M F	S M W D								
			M F	S M W D								
			M F	S M W D								
			M F	S M W D								

THIS REPORT MUST BE COMPLETED BY THE OFFICIATING PASTOR AND SENT TO THE FOLLOWING IMMEDIATELY AFTER THE EVENT:

clerk@ilcsda.org . PLEASE GIVE A COPY TO YOUR CHURCH CLERK & KEEP ONE FOR YOUR RECORDS.