AFRICAN UNION METHODIST PROTESTANT CHURCH AND CONNECTION INC.

LOCAL MISSIONARY

Name of Missionary:_____

Name of Church: _____

Church Address: _____

I respectfully submit the following report to the:

_____ **DISTRICT MEETING** _____**QUARTERLY MEETING**

_____**DISTRICT CONFERENCE** _____**ANNUAL CONFERENCE**

Date of Meeting: _____

	No. of times		No. of times
Number of Adults Baptized	_____	*Morning Services Attended*	_____
Number of Infants Baptized	_____	*District Meetings Attended*	_____
Number of Children Baptized	_____	*Ministers Meetings Attended*	_____
Number of Funerals Preached	_____	*Quarterly Conferences Attended*	_____
Number of Funerals Attended	_____	*Official Board Meetings Attended*	_____
Number of Weddings Officiated	_____	*Christian Educ. School Attended*	_____
Number of Weddings Attended	_____	*Bible Study Class Attended*	_____
Number of Communion Services	_____	*Class Meetings Attended*	_____
Number of Communion to Sick	_____	*Leaders Meetings Attended*	_____
Taught Book of Discipline	_____	*Steward Meetings Attended*	_____
Read the Book of Discipline	_____	*Prayer Meetings Attended*	_____
Reviewed Sunday School Lesson	_____	*Missionary Meetings Attended*	_____
Attended Sunday School Class	_____	*Trustees Meetings Attended*	_____
Number of Sick visits made	_____	*Ushers Meetings Attended*	_____
Preached on Temperance	_____	*Youth Groups Organized*	_____
Number of Sermons Preached	_____		

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Amount of Love Offerings Received	$_____	$_____	$_____	$_____
Sacrificial Offering Paid	$ _____	$_____	$_____	$_____

_____

Pastor's Signature **Date**

_____, **I certify that this is a true report** _____

Missionary's Signature **Date**

Revised 2019