

INSERT CHURCH
LOGO HERE

MINISTRY REPORT

This form is to help us better communicate the needs of people as well as to keep record of the ministry given. Please complete this form and turn it into the Church Office.

Church Leader		Date
SITUATION		
Name	Age	Gender
Do they regularly attend church? If so, where?		
Pastor's Name		Pastor Informed
Person's Need		
<input type="checkbox"/> Marriage counseling	<input type="checkbox"/> Salvation	<input type="checkbox"/> Hospital or home visitation
<input type="checkbox"/> Family counseling	<input type="checkbox"/> Holy Spirit baptism	<input type="checkbox"/> Death
<input type="checkbox"/> Other counseling	<input type="checkbox"/> Restoration	<input type="checkbox"/> Benevolence
<input type="checkbox"/> Correction	<input type="checkbox"/> Healing	<input type="checkbox"/> Other
Briefly explain the situation		
RESPONSE		
Describe how you ministered Biblical principles and instructed them to follow their heart.		
FOLLOW-UP		
What action did you give the person?	Date of Follow-Up	
Did the person take the action? How?		
Does the person need further ministry?	If so, date for next meeting	

Use the backside of this form if necessary.