

Alaska Conference of Seventh-day Adventists

**MINISTERS' REPORT OF ADDITIONS BY BAPTISM, PROFESSION OF FAITH & REBAPTISM**

For the month of: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Baptizing Pastor: \_\_\_\_\_

*Submit one copy per month per church*

NO	FULL NAME (Mr. Mrs. Ms., Dr.)	BIRTH DATE	MARITAL STATUS Single = S Married = M	COMPLETE MAILING ADDRESS	DATE OF BAPTISM, POF, REBAP	Baptism Put an X	POF Put an X	Rebaptism Put an X	INITIAL CONTACT See codes below	CHURCH JOINED	++HEAD OF HOUSEHOLD
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

**Pastors, please email this copy to the Evangelism Department at the Conference Office, [Melvin.Santos@Alaskaconference.org](mailto:Melvin.Santos@Alaskaconference.org)**

**This ensures your baptisms are properly recorded under you name and church. Keep a copy for your records**

Initial Contact Codes

- A-Bible Studies by Pastor
- B-Bible Studies by Member
- C-Raised in SDA Family
- D-SDA friends
- E-Attendance at SDA Church

- G-SDA Literature
- H-Evangelistic Interest
- I-Radio/TV Program
- J-Literature Evangelist

++Head of Household

If there is a relative in the same household who is already a member of the same church, please use their name.

Mail

**Alaska Conference**  
**Attn: Evangelism Department**  
 6100 O'Malley Rd, Anchorage AK 99516  
 907-346-1004. Fax 907-346-3279