

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

Full Name (Mr., Mrs., Ms., Dr. etc.)	Birth Date	Marital Status S / M / D / W	Complete Mailing Address	Event Date	Baptism	POF	Rebap	Initial Contact *See below	Church Joined	**Head of Household
					Mark with "X"					

Attention: Please e-mail this copy to: ashwin.somasundram@alaskaconference.org (Keep a copy for your records)

Initial Contact Codes

- | | |
|-----------------------------|--------------------------|
| A- Bible Studies by Pastor | F. SDA Literature |
| B- Bible Studies by Member | G- Evangelist Interest |
| C- Raided in SDA Family | H. Radio/TB Program |
| D- SDA Friend | I- Literature Evangelist |
| E- Attendance at SDA Church | |

****Head of Household**

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

MAIL:

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