

SOUTHERN NEW ENGLAND CONFERENCE  
RECORD OF BAPTISMS AND PROFESSIONS OF FAITH

Officiating Pastor's Name \_\_\_\_\_

Date \_\_\_\_\_

Month-Year

Name	Complete Mailing Address	Baptism or P.O.F.	Date of Baptism or P.O.F.	Date of Birth	Church Membership

**IMPORTANT:** This report must be returned with your workers report each month  
Please do not list re-baptisms unless previously dropped from membership.