Deacon/Deaconess
Annual Report to the TN State Office
January 1 – December 31, 20____

Name _____

Address_____City/State/Zip_____

Phone _____ Email _____

Local Church _____

Rank of Ministry (check one): ☐ Deacon ☐ Deaconess

1. Do you feel you have been a good example in attendance and participation in your local church? _____
2. In cooperation with the pastor, do you take an active role in the business of the local church? _____
3. Do you assist the pastor in the ordinances of the local church when called upon? _____
4. Do you maintain an active prayer life? _____
5. Do you read and study the Bible on a regular basis? _____
6. As an example to the laity and devotion to God, are you faithful in tithing and giving? _____
7. What positions do you currently hold in the local church? _

Please complete and email to: bholt@nacogop.org

Or mail to:

TN State Ministries
P O Box 1476
Cleveland, TN 37364-1476

Special note: According to Church of God of Prophecy polity, a minister's failure to report will cause the lapse of ministry credentials.