

**NORTH CAROLINA DISTRICT COUNCIL (NCDC)  
PCAF INTERNATIONAL, INC.**

**PARENT BODY REPORT BLANK**

DATE: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pastor's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Membership Total:</b> _____		
ADULTS	YOUTH (12-16)	JUNIOR (11 & UNDER)

**Number Holding PCAF's Credentials:** \_\_\_\_\_

Ordained: \_\_\_\_\_ Licensed: \_\_\_\_\_ Local License: \_\_\_\_\_ Deacons: \_\_\_\_\_

**Local Church Activity Report**

Number of Baptisms Since Last Council: \_\_\_\_\_ Number Holy Ghost Filled Since Last Council: \_\_\_\_\_

Name of Your District Elder: \_\_\_\_\_ Date of D/E Visit: \_\_\_\_\_

Love Offering to the Parent Body Auxiliary ( <i>suggested minimum offering - \$100.00</i> )	\$
Love Offering to the Diocesan Bishop	\$
Love Offering to the Council Chairman	\$
Love Offering to the Council Vice-Chairman	\$
Love Offering to the Council Site	\$
Love Offering to Voice in the Wilderness	\$
Stipend Love Offering (Diocesan Bishop, Council Chairman, Council Assistant Chairman)	\$
<i>Total Offerings with this Report</i>	\$

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Delegate: \_\_\_\_\_