



# MINISTRY REPORT

Sample  
www.GrowChurches.com

Your Name	Date
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## SITUATION

Name of person being ministered to:

Do they regularly attend church? If so, where?

Pastor's Name	Pastor Informed
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Person's Need

<input type="checkbox"/> Marriage counseling	<input type="checkbox"/> Salvation	<input type="checkbox"/> Hospital or home visitation
<input type="checkbox"/> Family counseling	<input type="checkbox"/> Holy Spirit baptism	<input type="checkbox"/> Death
<input type="checkbox"/> Other counseling	<input type="checkbox"/> Restoration	<input type="checkbox"/> Benevolence
<input type="checkbox"/> Correction	<input type="checkbox"/> Healing	<input type="checkbox"/> Other

Briefly explain the situation

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## RESPONSE

Describe how you ministered Biblical principles and instructed them to follow their heart.

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## FOLLOW-UP

What action did you give the person?	Date of Follow-Up
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Did the person take the action? How?

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Does the person need further ministry?	If so, date for next meeting
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*Use the backside of this form if necessary.*