

CHECKLIST FOR REVIEW OF ROLLS AND REGISTERS

Please PRINT CLEARLY and fill in ONLY the complete church name, address and your name. Please wait until the scheduled review for the reviewer to complete the rest of this form.

CHURCH NAME _____
(Please include the name of the town with the church name)

ADDRESS _____

CLERK OF SESSION NAME _____

DATE OF THIS REVIEW _____ DATE OF LAST REVIEW _____

REVIEWED FOR PERIOD FROM _____ TO _____

Check if complete

A. THE ROLLS OF CHURCH OFFICERS

- 1. Roll of Pastors, Associate Pastors, and Stated Supplies _____
 - a. Exceptions _____
 - b. Comments _____
- 2. Roll of Elders, Deacons, and Trustees _____
 - a. Exceptions _____
 - b. Comments _____

B. THE ROLLS OF CHURCH MEMBERSHIP – See *Book of Order* G-3.0204a,b

- 1. Chronological Roll of Active Members _____
 - a. Exceptions _____
 - b. Comments _____
- 2. Alphabetical Index to Roll of Communicants _____
 - a. Exceptions _____
 - b. Comments _____
- 3. Roll of Affiliated Members _____
 - a. Exceptions _____
 - b. Comments _____

C. THE ROLL OF INFANT BAPTISMS

- a. Exceptions _____
- b. Comments _____

D. RECORD OF ADULT BAPTISMS

- a. Exceptions _____
- b. Comments _____

E. REGISTER OF MARRIAGES

- a. Exceptions _____
- b. Comments _____

F. REGISTER OF DEATHS

- a. Exceptions _____
- b. Comments _____

Reviewer's Name _____

Reviewer's Home Church _____

Recommendation of Peer Reviewer:

- Approved Approved with Exceptions Disapproved

Comments by Peer Reviewer