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

# THE ROLLS OF CHURCH OFFICERS

* 1. Roll of Pastors, Associate Pastors, and Stated Supplies
     1. Exceptions
     2. Comments
  2. Roll of Elders, Deacons, and Trustees
     1. Exceptions
     2. Comments

1. THE ROLLS OF CHURCH MEMBERSHIP – See *Book of Order* G-3.0204a,b
   1. Chronological Roll of Active Members
      1. Exceptions
      2. Comments
   2. Alphabetical Index to Roll of Communicants
      1. Exceptions
      2. Comments
   3. Roll of Affiliated Members
      1. Exceptions
      2. Comments

# THE ROLL OF INFANT BAPTISMS

1. Exceptions
2. Comments

# RECORD OF ADULT BAPTISMS

1. Exceptions
2. Comments

# REGISTER OF MARRIAGES

1. Exceptions
2. Comments

# REGISTER OF DEATHS

1. Exceptions
2. Comments

**Reviewer’s Name**

**Reviewer’s Home Church**

**Recommendation of Peer Reviewer:**

**( ) Approved ( ) Approved with Exceptions ( ) Disapproved**

**Comments by Peer Reviewer**