



DEACON FAMILY INFORMATION

Form FBC-60/61

Picture of family from church directory

Family: _____
Address: _____
Email: _____

Home phone: _____ Cell: _____

Assigned to: _____ For: _____
Deacon's Name Assignment Period

FAMILY MEMBERS

Name	Church Member?	Where?	Date Joined	Date of Birth

Husband's employer: _____
Address: _____
Phone: _____

Wife's employer: _____
Address: _____
Phone: _____

Other (Special needs, children away, others in home, etc.): _____

Wedding anniversary date: _____



RECORD OF DEACON MINISTRY

1. TYPE OF MINISTRY OUTREACH: _____ DATE _____
 PERSONAL VISIT PHONE CALL LETTER
 OTHER _____

COMMENTS: _____

2. TYPE OF MINISTRY OUTREACH: _____ DATE _____
 PERSONAL VISIT PHONE CALL LETTER
 OTHER _____

COMMENTS: _____

3. TYPE OF MINISTRY OUTREACH: _____ DATE _____
 PERSONAL VISIT PHONE CALL LETTER
 OTHER _____

COMMENTS: _____

4. TYPE OF MINISTRY OUTREACH: _____ DATE _____
 PERSONAL VISIT PHONE CALL LETTER
 OTHER _____

COMMENTS: _____

5. TYPE OF MINISTRY OUTREACH: _____ DATE _____
 PERSONAL VISIT PHONE CALL LETTER
 OTHER _____

COMMENTS: _____

OTHER DEACONS WHO HAVE BEEN ASSIGNED TO THIS FAMILY

NAME: _____ DATE: (from) _____ (to) _____
NAME: _____ DATE: (from) _____ (to) _____
NAME: _____ DATE: (from) _____ (to) _____



DEACON FAMILY INFORMATION

Form FBC-60/61

Picture of family from church directory

Family: _____
Address: _____
Email: _____

Home phone: _____ Cell: _____

Assigned to: _____ For: _____
Deacon's Name Assignment Period

FAMILY MEMBERS

Name	Church Member?	Where?	Date Joined	Date of Birth

Husband's employer: _____
Address: _____
Phone: _____

Wife's employer: _____
Address: _____
Phone: _____

Other (Special needs, children away, others in home, etc.): _____

Wedding anniversary date: _____



RECORD OF DEACON MINISTRY

1. TYPE OF MINISTRY OUTREACH: _____ DATE _____
 PERSONAL VISIT PHONE CALL LETTER
 OTHER _____

COMMENTS: _____

2. TYPE OF MINISTRY OUTREACH: _____ DATE _____
 PERSONAL VISIT PHONE CALL LETTER
 OTHER _____

COMMENTS: _____

3. TYPE OF MINISTRY OUTREACH: _____ DATE _____
 PERSONAL VISIT PHONE CALL LETTER
 OTHER _____

COMMENTS: _____

4. TYPE OF MINISTRY OUTREACH: _____ DATE _____
 PERSONAL VISIT PHONE CALL LETTER
 OTHER _____

COMMENTS: _____

5. TYPE OF MINISTRY OUTREACH: _____ DATE _____
 PERSONAL VISIT PHONE CALL LETTER
 OTHER _____

COMMENTS: _____

OTHER DEACONS WHO HAVE BEEN ASSIGNED TO THIS FAMILY

NAME: _____ DATE: (from) _____ (to) _____
NAME: _____ DATE: (from) _____ (to) _____
NAME: _____ DATE: (from) _____ (to) _____



DEACON FAMILY MINISTRY MONTHLY REPORT

Form FBC-62

TO THE CHAIRMAN OF DEACONS: I performed the following ministries among the families in my group during:

Month _____ Year _____

1. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

2. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

3. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

4. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

5. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

6. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

COMPLETED BY: _____

DEACON'S SIGNATURE



DEACON FAMILY MINISTRY MONTHLY REPORT

Form FBC-62

TO THE CHAIRMAN OF DEACONS: I performed the following ministries among the families in my group during:

Month _____ Year _____

1. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

2. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

3. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

4. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

5. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

6. FAMILY: _____ DATE _____

PURPOSE: _____

COMMENTS: _____

COMPLETED BY: _____

DEACON'S SIGNATURE



DEACON MINISTRY REFFERAL

Form FBC-63

FROM:

TO:

I HAVE VISITED:

I FEEL YOUR ATTENTION IS NEEDED BECAUSE:

Please inform me of your response in space provided below.

COMPLETED BY:

_____ DEACON'S SIGNATURE

RESPONSE:



DEACON MINISTRY REFFERAL

Form FBC-63

FROM:

TO:

I HAVE VISITED:

I FEEL YOUR ATTENTION IS NEEDED BECAUSE:

Please inform me of your response in space provided below.

COMPLETED BY:

_____ DEACON'S SIGNATURE

RESPONSE:



DEACON FAMILY MINISTRY CALENDAR

Form FBC-64

(Dates to be remembered with visits. Letters or calls)

Month _____ Year _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____



DEACON FAMILY MINISTRY CALENDAR

Form FBC-64

(Dates to be remembered with visits. Letters or calls)

Month _____ Year _____

17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____
31. _____



DEACON FAMILY MINISTRY CALENDAR

Form FBC-64

(Dates to be remembered with visits. Letters or calls)

Month _____ Year _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____



DEACON FAMILY MINISTRY CALENDAR

Form FBC-64

(Dates to be remembered with visits. Letters or calls)

Month _____ Year _____

17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____
31. _____