



Jamaica Baptist Union

CIRCUIT CHURCH RETURN FORM

PERIOD October 1, 2015 – September 30, 2016

PLEASE COMPLETE ALL AREAS IN BLOCK CAPITALS

A. GENERAL INFORMATION

Parish Association: _____

Name of Circuit: _____

Name of Church	Date Church Constituted	Seating Capacity	Sunday Worship Time	# of Class Houses	Full Address of Church	Church Office Contact Number(s)	E-Mail Address
1.						Tel: Fax:	
2.						Tel: Fax:	
3.						Tel: Fax:	
4.						Tel: Fax:	
5.						Tel: Fax:	

Do you have any church missions? Yes No

If yes please state name of Mission and which church it is affiliated with _____

Key: work - (w); home - (h); mobile - (m); fax - (f)

Pastor/Moderator/Student: _____ E-mail address: _____

Mailing Address: _____

Telephone: (w) _____ (h) _____ (m) _____ (f) _____

Circuit Secretary (2016-2017): _____

Mailing Address: _____

Telephone: (w) _____ (h) _____ (m) _____ (f) _____

E-mail address: _____

Circuit Treasurer (2016-2017): _____

Mailing Address: _____

Telephone: (w) _____ (h) _____ (m) _____ (f) _____

E-mail address: _____

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS *(kindly verify information with the secretaries)*

Name of Church	Title (Miss, Mrs. or Mr.)	Name of Church Secretary (2016-17)	Mailing Address	Telephone Numbers	Fax # & E-Mail address
1.				Home: Work: Mobile:	Fax: E-Mail:
2.				Home: Work: Mobile:	Fax: E-Mail:
3.				Home: Work: Mobile:	Fax: E-Mail:
4.				Home: Work: Mobile:	Fax: E-Mail:
5.				Home: Work: Mobile:	Fax: E-Mail:

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Name of Church	Youth Coordinator/Director	Mailing Address	Telephone Numbers	Fax # & E-Mail address
1.			Home: Work: Mobile:	Fax: E-Mail:
2.			Home: Work: Mobile:	Fax: E-Mail:
3.			Home: Work: Mobile:	Fax: E-Mail:
4.			Home: Work: Mobile:	Fax: E-Mail:
5.			Home: Work: Mobile:	Fax: E-Mail:

Name of Church	Music / Choir Director	Mailing Address	Telephone Numbers	Fax # & E-Mail address
1.			Home: Work: Mobile:	Fax: E-Mail:
2.			Home: Work: Mobile:	Fax: E-Mail:
3.			Home: Work: Mobile:	Fax: E-Mail:
4.			Home: Work: Mobile:	Fax: E-Mail:
5.			Home: Work: Mobile:	Fax: E-Mail:

Name of Church	Sunday School Superintendent	Mailing Address	Telephone Numbers	Fax # & E-Mail address
1.			Home: Work: Mobile:	Fax: E-Mail:
2.			Home: Work: Mobile:	Fax: E-Mail:
3.			Home: Work: Mobile:	Fax: E-Mail:
4.			Home: Work: Mobile:	Fax: E-Mail:
5.			Home: Work: Mobile:	Fax: E-Mail:

Name of Church	Mission Representative	Mailing Address	Telephone Numbers	Fax # & E-Mail address
1.			Home: Work: Mobile:	Fax: E-Mail:
2.			Home: Work: Mobile:	Fax: E-Mail:
3.			Home: Work: Mobile:	Fax: E-Mail:
4.			Home: Work: Mobile:	Fax: E-Mail:
5.			Home: Work: Mobile:	Fax: E-Mail:

B. SPIRITUAL, NUMERICAL AND MISSION GROWTH ANALYSIS

B.1 PREVIOUS YEAR'S (2014-15) MEMBERSHIP, GENDER & AGE PROFILE

See individual return form attached for each church with last year's membership data reproduced by JBU Administrative Offices.

B.2 NUMERICAL GROWTH ANALYSIS (October 1, 2015 - September 30, 2016)

Name of Church (fill in names of churches in columns at right)	1	2	3	4	5	6
INCREASE IN MEMBERSHIP						
Number of persons baptized						
Number of persons restored to fellowship						
Number of persons received on transfer						
TOTAL INCREASE						
DECREASE IN MEMBERSHIP						
Number of members who died						
Number of members transferred						
Number of members withdrawn						
Number of members erased						
TOTAL DECREASE						
TOTAL GAIN/LOSS						

B.3 CURRENT YEAR'S MEMBERSHIP, GENDER & AGE PROFILE (B.1 + B.2 (Total Gain/Loss)=B.3)

Name of Church (fill in names of churches in columns at right)	1	2	3	4	5	6
Membership (as @ Sept 30 2016)						
Total number of members (B.1+B.2(Total Gain/Loss))						
Gender Profile						
Male						
Female						
Age Profile						
14 and younger						
15 – 25						
26 – 40						
41 – 55						
56 and over						

B.4 SPIRITUAL GROWTH ANALYSIS

Name of Church (fill in names of churches in columns at right)	1	2	3	4	5	6
Average weekly attendance at Worship Services						
Average weekly attendance at Bible Study						
Average communicant members						
Average monthly attendance at group/cell meetings/birth month etc.						
Attendance at Training Events/Activities in local church						
Attendance at Training Events/Activities at National Level						

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Name of Church (fill in names of churches in columns at right) (Enter the number of persons for each category below)	1	2	3	4	5	6
Do you have Sunday School <input type="checkbox"/> or Family Bible Hour <input type="checkbox"/> (indicate by tick)	SS <input type="checkbox"/> or FBH <input type="checkbox"/>	SS <input type="checkbox"/> or FBH <input type="checkbox"/>	SS <input type="checkbox"/> or FBH <input type="checkbox"/>	SS <input type="checkbox"/> or FBH <input type="checkbox"/>	SS <input type="checkbox"/> or FBH <input type="checkbox"/>	SS <input type="checkbox"/> or FBH <input type="checkbox"/>
Total students Enrolled						
Total that are members of the church						
Average weekly attendance at Sunday School/Family Bible Hour						
Gender Profile						
Male						
Female						
Age Categories						
Beginners (age 4-6)						
Younger Children (age 7-9)						
Older Children (age 10-12)						
Youth (13-18)						
Young Adults (19 +)						
Adults (19 +)						

C. ADMINISTRATIVE SUPPORT

Name of Church (fill in names of churches in columns at right) (Enter the number of meetings held for each type of meeting below)						
Church council meeting						
Officers (Board) meeting						
Members' meeting						
Deacons' board meeting						
United Officers						
Others (please specify)						
1.						
2.						
3.						
4.						

D. CONGREGATIONAL LIFE

Name of Church (fill in names of churches in columns at right) (Enter the number of persons enrolled)						
Youth Fellowship/Ministry						
Boys' Brigade						
Girls' Brigade						
Children's Fellowship						

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Name of Church (fill in names of churches in columns at right) (Enter the number of persons enrolled)						
Other youth related ministries (please specify)						
Music & Arts Related ministries e.g. Dance, drama, choirs (please specify)						
Young Adults Fellowship						
Senior Citizens Club						
Women's Federation						
Other women's related ministry (Please specify)						
Brotherhood						
Other men's related ministry (Please specify)						
Others (please specify)						
Tick as appropriate						
1. Mission emphasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Harvest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sunday School Anniversary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Memorial Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Church Building Rededication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Church Anniversary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Crusade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Believer's Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Rally/Self Denial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fellowship Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Vacation Bible School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. SOCIAL OUTREACH & EVANGELISM

Name of Church (fill in names of churches in columns at right) (Place a ✓ in the box where applicable)						
1. JBU In Education: Basic/Primary/Secondary School (specify which ones)						
2. Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Health Clinics/Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Economic Project(s) (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. ADDITIONAL INFORMATION

Name of Church (fill in names of churches in columns at right)						
1. Number of infants dedicated						
2. Number of weddings conducted						
3. Number of Funerals conducted						

G. STEWARDSHIP OF FINANCES - It is critical that this section be completed as this will aid us with the financial planning process for the Union and more specifically the global assessment.

Name of Church (fill in names of churches in columns at right)						
Income (monthly average)						
Tithes and Offerings						
Other Income (monthly average)						
1. Harvest						
2. Self-Denial/Rally						
3. Sunday School						
4. Special Services						
5. Other (please specify)						
Expenditure						
Global – Monthly Figure						
Other Expenditure(s) (monthly average)						
1. Refurbishing						
2. Building						
3. Utilities						
4. Outreach						
5. Training						
6. Other (please specify)						

H. List the names of officers, deacons and leaders who died during the church year. (use additional paper if necessary)

Name of Church	Name of Officer/Deacon/Leader
1.	
2.	
3.	
4.	
5.	
6.	

We hereby confirm that the information provided/stated above is, to the best of my knowledge, true, accurate and reliable.

Compiled By:

Verified & Approved by Minister/Moderator/Student:

Signature

Signature

Name and Title

Name

Date

Date

Please compile all data from each church and return one (1) consolidated form to the JBU Office no later than **October 31, 2016.**