

Charge Conference 2025

Certified Lay Minister Report

1. Name: _____

2. Church (Home or acting as Supply Pastor): _____

3. Leadership Positions [Position / Organization]:

4. Activities [Activity / Location]:

5. Recertification Education [Class Name/Date]: _____

Certified Lay Minister's Signature

Certified Lay Minister's Name Printed

Date

Presiding Elder's Signature

Presiding Elder's Name Printed

Date

**THIS FORM IS REQUIRED TO BE FILLED OUT BY EACH ACTIVE CERTIFIED LAY MINISTER
IN THIS CHARGE CONFERENCE ANNUALLY**