CERTIFIED LAY MINISTER

District Superintendent & District Committee on Ministry

RECOMMENDATION FORM

For Certification

_____ **Annual Conference**

_____ District

Name: _____ Name of Church: _____

Address: _____ Church Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Charge: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Recommendation of District Superintendent

I recommend this person to be certified as a lay minister.

Date: _____ Signed: _____

(District Superintendent)

District: _____

Recommendation of dCOM

The _____ District Committee on Ordained Ministry recommends

_____ be certified as a lay minister.

Date: _____ Signed: _____

(Chair of the District Committee on Ordained Ministry)

NOTE: If recommendations cannot be made, please do not sign the form, but indicate reasons why you do not recommend this person be certified as a CLM.

COMMENTS:

CERTIFIED LAY MINISTER
District Superintendent & District Committee on Ministry

RECOMMENDATION FORM
For Re-Certification

_____ **Annual Conference**

_____ District

Name: _____ Name of Church: _____

Address: _____ Church Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Charge: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Recommendation of District Superintendent

I recommend this person to be recertified as a lay minister.

Date: _____ Signed: _____
(District Superintendent)

District: _____

Recommendation of dCOM

The _____ District Committee on Ordained Ministry recommends

_____ be recertified as a lay minister.

Date: _____ Signed: _____
(Chair of the District Committee on Ordained Ministry)

NOTE: If recommendations cannot be made, please do not sign the form, but indicate reasons why you do not recommend this person be recertified as a CLM.

COMMENTS: