

CERTIFIED LAY MINISTER SIGNATURE FORM
THE UNITED METHODIST CHURCH
PORT HURON DISTRICT

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Home Church: _____ Pastor: _____

Request for Certification as Lay Minister

I hereby request the recommendation of the pastor, the SPPRC, and the Church Council or Charge Conference for pursuing the process as a Certified Lay Minister.

Date: _____ Signed: _____
(Lay Speaker/Certified Lay Minister)

Recommendation of Pastor

I recommend this person as suitable in the request as a Certified Lay Minister.

Date: _____ Signed: _____
(Home Pastor)

Recommendation of SPPRC

The SPPRC Committee recommends the request of _____ as being suitable for a Certified Lay Minister. (_____ Minutes attached)

Date: _____ Signed: _____
(SPPRC Chair)

Recommendation of Church Council or Charge Conference

The Church Council/Charge Conference of _____ Church recommends this request of _____ as being suitable as a Certified Lay Minister.

(_____ Minutes attached)

Date: _____ Signed: _____

SIGNATURES ON THIS SIDE ARE REQUIRED IN ORDER TO PARTICIPATE IN 2ND MODULE TRAINING

Verification of Completion of both CLM Training and Orientation

I verify that _____ has completed both the CLM Training and Orientation on _____, and has submitted the appropriate paperwork (on file). I recommend this person as suitable for Certified Lay Ministry.

Date: _____ Signed: _____
(CLM Registrar)

Recommendation of District Superintendent and DCOM

I recommend concurrence with this request from _____ as being suitable as a Certified Lay Minister.

Date: _____ Signed: _____
(District Superintendent)

Date: _____ Signed: _____
(Chair or Secretary/Registrar of the District BOM)

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

COMMENTS: