THE UNITED METHODIST CHURCH INDIANA CONFERENCE
CERTIFICATION OF TRUSTEES’ ELECTION

STATE OF INDIANA
COUNTY OF __________________ ss: ___________________________

I, __________________________, the qualified Charge Conference Secretary of the Charge of the Indiana Conference of
The United Methodist Church do hereby CERTIFY that at the Charge Conference of said organization held in
accordance with the law, the canons, and The Book of Discipline of The United Methodist Church on the
day of __________, 20________, the following were elected as members of the Board of Trustees of said Church to
serve as provided by said laws, canons, and The Book of Discipline of The United Methodist Church:

____________________________ Term expires 20________
____________________________ Term expires 20________
____________________________ Term expires 20________
____________________________ Term expires 20________
____________________________ Term expires 20________

and as a result of said election the entire Board of Trustees and the expiration dates of their
respective terms is as follows:

(Legal document - use full names)
Term expires 20________
Term expires 20________
Term expires 20________
Term expires 20________
Term expires 20________

I further CERTIFY that under canons, rules, regulations, and The Book of Discipline of The United
Methodist Church each Trustee serves until the end of the year in which his/her term expires or until
his/her successor is elected.

WITNESS my hand this ______ day of ____________, 20____

Charge Conference Secretary's Signature ____________________________ Print Name of Secretary ____________________________

SUBSCRIBED and sworn to before me a Notary Public in and for said County and State this ______
day of ____________, 20____ (SEAL)

My Commission expires: ____________________________
County of Residence: ____________________________

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security
number in this document, unless required by law. Affirmed by: ____________________________

This form prepared by: ____________________________ Date ____________ Office ____________________________