



United Methodist Churches
of Indiana

CERTIFIED LAY MINISTER
Conference Superintendent & District
Committee on Ministry
RECOMMENDATION FORM
For Certification

_____ District

Name: _____ Name of Church: _____

Address: _____ Church Address: _____

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

Home Phone: _____ Cell Phone: _____

Email: _____

Recommendation of Conference Superintendent

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

Date: _____ Signed: _____
(Conference Superintendent)

District: _____

Recommendation of dCOM

The _____ District Committee on Ministry recommends
_____ be certified as a lay minister.

Date: _____ Signed: _____
(Chair of the District Committee on 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. Please return this form to the Associate Director of Leadership Development –Laity and the Conference Director of Lay Servant Ministries with dCOM recommendation.

COMMENTS: