

**NOTARIZED DISCLOSURE FORM**

Name \_\_\_\_\_

Please complete and print this form. Then sign it in the presence of a Notary. Return the form to:

**Administrator of Leadership Development-Ministerial Services  
United Methodist Churches of Indiana  
301 Pennsylvania Parkway, Suite 300  
Indianapolis, IN 46280**

**HAVE YOU EVER BEEN:**

- 1. Convicted of a felony?             No             Yes
- 2. Convicted of a misdemeanor?    No             Yes
- 3. Accused in writing of sexual misconduct or child abuse?             No             Yes

If you answered yes to any of these questions, please explain. Please check box if additional pages are attached

\_\_\_\_\_  
If you are required by this disclosure form to disclose any written accusations or convictions for felony, misdemeanor or any incident of sexual misconduct that you dispute or believe should be explained in any way, you have an opportunity at this time to include any additional information that you believe might be helpful or important regarding the disclosure. Any relevant additional information should be provided in a response statement attached to the form.

I hereby certify that the information provided on this form is true and accurate to the best of my knowledge. I authorize the Board of Ordained Ministry, Indiana Conference of the United Methodist Church to conduct or have conducted for their benefit a criminal records check on me.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and Sworn this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

