

NOTARIZED DISCLOSURE FORM

Name _____

Please complete and print this form. Then sign it in the presence of a Notary. Scan and email to ministerialservices@inumc.org

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 _____

