

## Background Check Referral

To be completed by the Conference Superintendent

### Please provide the completed form to:

Luska Natali  
Administrator of Ministerial Services  
[ministerialservices@inumc.org](mailto:ministerialservices@inumc.org)

Name: \_\_\_\_\_  
First MI Last

Email: \_\_\_\_\_

District: \_\_\_\_\_ District Code \_\_\_\_\_ **-66010**

#### Reason for Request:

- Applicant for serving in supply status
- Applicant for Other Denomination (OD) status
- Applicant for Other Methodist (OM) status
- Applicant from another conference
- Applicant for candidacy
- Applicant for CLM
- Applicant for Lay Speaker pulpit supply
- OTHER: \_\_\_\_\_

\_\_\_\_\_  
Conference Superintendent Signature

\_\_\_\_\_  
Date

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#### Office Use only:

Date received: \_\_\_\_\_ Initials: \_\_\_\_\_

Date background check packet sent to applicant: : \_\_\_\_\_ Initials: \_\_\_\_\_

Background check returned:  Clear  Needs Attention Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Email Completed Form BC1 to:

Conference Superintendent, Conference Assistant, dCOM Chair, District Director Lay Servant  
Ministries (If Applicable), Elsie Miller