REPORT OF Pastor on Extension Ministry, Leave, or Honorable Location to the 20___

CHARGE CONFERENCE

Name: _____________________________________________________________________

Church Conference: ____________________________________________ Date: ______________

Baptisms: (names, place, date)

Communion: (place, date)

Marriages: (names, place, date)

Funerals: (names, place, date)

Continuing Education: ______________

Sermons: __________

Pastoral Calls: __________

Other Pastoral Functions:

2016 Book of Discipline, ¶ 344.3
2016 Book of Discipline, ¶ 353- ¶356, ¶358

Please also fill in a Quick Reference form (on the back of this form) and return both to the charge conference of your choice or to the district office by November 1.
20 Quick Reference Form

Pastor’s Name: ______________________________________

Date Of Birth _______/_______/_______

Preferred Mailing Address: ______________________________________

_____________, Pa Zip _________

Phone (Home) ______________________

Phone (Office) _____________________________

Cell #____________ Fax # __________

E-Mail ___________________________________

Home Church And District

_____________________________________

(As Applicable) (Year)

College ________________ Grad _______

Seminary_______________ Grad _______

Course Of Study

Where __________________ Grad _______

Serving in Retirement? __________________

(Where) __________________

If Married, Spouse’s Name

_____________________________________

Spouse’s Date Of Birth

_____ / ______ / ______

Anniversary

_____ / ______ / ______

Is Spouse Employed Outside Home?

No _____ Yes _____

Where? ___________________________

Children’s Names: (Whether living at home or not)

______________________________

______________________________

______________________________

______________________________

Charge where I am connected?

_____________________________________

Mailing Address:

_____________________________________

_____________, Pa Zip _________

Worship / Sunday School Times (if appointed)

Church Worship S.S.

_________________ _______ _______

_________________ _______ _______

_________________ _______ _______

Charge SPRC Chair (if appointed) for 20___:

_____________________________________

Phone:_____________ , Email: ____________

In An Emergency, Who Can Be Called at the Charge (if appointed)?

Name:_____________________________________

Phone:_____________ , Email_____________