REPORT OF RETIRED PASTOR

to the 20___

CHARGE CONFERENCE

Name: ____________________________________________

Church Conference: ______________________________ Date: ________________

Baptisms: (names, place, date)

Communion: (place, date)

Marriages: (names, place, date)

Funerals: (names, place, date)

Sermons: __________

Pastoral Calls: __________

Other Pastoral Functions:

Are you serving in retirement anywhere on a regular basis (of any denomination)?

Are you willing to mentor a congregation with a pastor who cannot yet perform the sacraments?

Are you willing to provide pastoral functions on behalf of the superintendent?

Please also fill in a Quick Reference form and return both to the charge conference of your choice or to the district office by November 1.
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:
(Please include names even if they are not living at home)

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

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 2012:

____________________________________

Phone:_____________ , Email: __________

In An Emergency, Who Can Be Called At The Charge (if appointed)?

Name:________________________________

Phone:_____________ Email_____________