



District Committee on Ordained Ministry Action Report
Certified Lay Minister Recommendation Form
For Certification and Recertification

TEXAS Annual Conference

_____ District

Name: _____ Name of Church: _____

Address: _____ Church Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Assignment: _____

Work/Home Phone: _____ Cell Phone: _____

Email: _____

Recommendation of District Superintendent

I recommend this person to be certified/recertified as a Lay Minister.

Date _____ Signed _____
(District Superintendent)

District: _____

Recommendation of dCOM

The _____ District Committee on Ordained Ministry recommends
_____ to be certified as a lay minister.

Date: _____ Signed: _____
(Chair/Registrar of the District Committee on Ordained Ministry)

NOTE: If recommendations cannot be made, please do not sign the form, but indicate reasons why you do not recommend this person be certified or recertified as a CLM.

COMMENTS:
