

**REPORT OF RETIRED PASTOR  
to the 2007  
CHURCH 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 can not yet perform the sacraments?

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

2004 Book of Discipline, ¶ 359.5

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.

## 2008 Quick Reference Form for Indiana District Office

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 \_\_\_\_\_

CURRENT APPT. MADE IN (YR) \_\_\_\_\_

IF MARRIED, SPOUSE'S NAME  
\_\_\_\_\_

SPOUSE'S DATE OF BIRTH  
\_\_\_\_/\_\_\_\_/\_\_\_\_

ANNIVERSARY  
\_\_\_\_/\_\_\_\_/\_\_\_\_

IS SPOUSE EMPLOYED OUTSIDE HOME?

NO \_\_\_\_\_ YES \_\_\_\_\_

WHERE? \_\_\_\_\_

CHILDREN LIVING AT HOME  
\_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

### CHARGE INFORMATION

CHARGE: \_\_\_\_\_

MAILING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_, PA ZIP \_\_\_\_\_

### WORSHIP / SUNDAY SCHOOL TIMES

Church	Worship	S.S.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Charge SPPR CHAIR:  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

IN AN EMERGENCY, WHO CAN BE CALLED AT THE CHARGE?

Name: \_\_\_\_\_

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

Last Name

---

First Name