



2019 REPORT OF RETIRED CLERGY TO THE CHARGE CONFERENCE Missouri Conference of The United Methodist Church

Name:		Date:	
Address:		Phone:	
		Email:	

The Church in which your Charge Conference Membership is held: (Discipline ¶357.5, 2016 Discipline)

Church Name:	
Church Address:	
Current Pastor:	

REPORT OF ACTIVITIES [During Last Quarter of 2018 and 2019 To Date]

A. Worship Services Conducted:	
B. Marriages Performed:	
C. Baptisms Conducted:	
D. Communion Services Celebrated:	
E. Other Activities Related to the Ministerial Office:	

Signature: _____ Date: _____

**** Send a copy to your District Superintendent as well as the Pastor of your church.**

The Pastor will include a copy with the Charge Conference packet.

PLEASE Keep a copy for your files.