



**CERTIFIED LAY MINISTER DS & dCOM RECOMMENDATION FORM  
For Re-Certification**

\_\_\_\_\_ Annual Conference

\_\_\_\_\_ District

Name: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_ Church Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Charge: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Recommendation of District Superintendent**

I recommend this person to be re-certified as a lay minister.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(District Superintendent)

District: \_\_\_\_\_

**Recommendation of dCOM**

The \_\_\_\_\_ District Committee on Ordained Ministry recommends  
\_\_\_\_\_ be re-certified as a lay minister.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Chair 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 re-certified as a CLM.**

COMMENTS: