

Charge Name \_\_\_\_\_

Year \_\_\_\_\_

**ANNUAL CONFERENCE LAY MEMBER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Church Attending \_\_\_\_\_

**CHARGE LAY LEADER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

Phone # Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Church Attending \_\_\_\_\_

**CHARGE TREASURER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**PARSONAGE CONTACT (Not clergy family)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

**DISTRICT CONFERENCE MEMBER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**ALTERNATE LAY MEMBER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Church Attending \_\_\_\_\_

**PASTOR PARISH CHAIRPERSON**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

Phone # Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Church Attending \_\_\_\_\_

**DISTRICT STEWARD/FINANCE CHAIR**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**CHARGE RECORDING SECRETARY**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

**DISTRICT CONFERENCE MEMBER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Lay Leader**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Treasurer**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

DATE \_\_\_\_\_

**Sunday School Superintendent**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Mission Coordinator**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Disaster Coordinator**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Hermitage Coordinator**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Chair of Trustees**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**PPR Chairperson**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell # \_\_\_\_\_

**PPR Members (Omit Chair, Lay Leader & Annual Conference Member)**

1. Class \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Class \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ E-Mail \_\_\_\_\_

3. Class \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ E-Mail \_\_\_\_\_

4. Class \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ E-Mail \_\_\_\_\_

5. Class \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ E-Mail \_\_\_\_\_

6. Class \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ E-Mail \_\_\_\_\_

7. Class \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ E-Mail \_\_\_\_\_

8. Class \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ E-Mail \_\_\_\_\_

9. Class \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

OFFICER LISTING

CHARGE \_\_\_\_\_

CHURCH \_\_\_\_\_

**President**

**Vice President**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Secretary**

**Treasurer**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Coordinator: Spiritual Growth**

**Membership: Nurture & Outreach**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Coordinator: Social Action**

**Coordinator: Educ. & Interpretation**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Coordinator: Program Resources**

**Chair Committee on Nominations**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Secretary, Financial Interpretation** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

- 1. Number of members?** \_\_\_\_\_
- 2. Dollar Amount spent on UMW projects?** \_\_\_\_\_
- 3. How often do you meet?** \_\_\_\_\_

**Please give a summary of your years activities or highlights:**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

OFFICER LISTING

CHARGE \_\_\_\_\_

CHURCH \_\_\_\_\_

**President**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Vice President**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Secretary**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Treasurer**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Key Leadership UMM Unit**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Key Leadership UMM Unit**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Key Leadership UMM Unit**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Key Leadership UMM Unit**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_

Phone # Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

# United Methodist Men Report

1. Number of members? \_\_\_\_\_
- 2 Dollar Amount spent on UMM projects? \_\_\_\_\_
3. How often do you meet? \_\_\_\_\_

**Please give summary of your year's activities or highlights**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**FORM 106 YOUTH FELLOWSHIP**

Date \_\_\_\_\_

Please complete, as completely as possible, one form for each church on your charge.

Church Name \_\_\_\_\_

Charge Name \_\_\_\_\_

Adult Youth Coordinator \_\_\_\_\_

Adult Youth Coordinator \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Please list the following information for two key **senior high youth**.

Name (and office if applicable) \_\_\_\_\_

Name (and office if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Grade \_\_\_\_\_

Telephone \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Please list the following information for two key **junior high youth**.

Name (and office if applicable) \_\_\_\_\_

Name (and office if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Grade \_\_\_\_\_

Telephone \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Names of youth on boards or committees:

1. Administrative Board: \_\_\_\_\_
2. Council of Ministries: \_\_\_\_\_
3. Staff/Pastor-Parish Relations: \_\_\_\_\_
4. Worship Committee: \_\_\_\_\_

Estimated Number of Youth (not limited to youth... all youth affiliated with your churches count!):

On Church Roll (Preparatory & Full Members): \_\_\_\_\_

Active in Sunday School: \_\_\_\_\_ Active in Youth Group: \_\_\_\_\_

Regularly Attending Worship: \_\_\_\_\_ Total Number of Individual Youth: \_\_\_\_\_

On Church Roll (Preparatory & Full Members): \_\_\_\_\_

Active in Sunday School: \_\_\_\_\_ Active in Youth Group: \_\_\_\_\_

Regularly Attending Worship: \_\_\_\_\_ Total Number of Individual Youth: \_\_\_\_\_

Form 107

Date \_\_\_\_\_

Charge \_\_\_\_\_ Church \_\_\_\_\_

## Report of the Church Historian:

Signed \_\_\_\_\_

Dated \_\_\_\_\_

(Following the Minimum Standards for the Parsonage)

DATE: \_\_\_\_\_

The undersigned have reviewed the parsonage of the \_\_\_\_\_ pastoral charge at (address) \_\_\_\_\_ and report as follows:

**A. INSURANCE**

1. Amount of insurance carried by church/charge on church-owned house: \$ \_\_\_\_\_

2. Amount of insurance carried by church/charge on church-owned contents: \$ \_\_\_\_\_

3. Name of Insurance Company: \_\_\_\_\_ Agent/Telephone Number: \_\_\_\_\_

4. Is insurance coverage adequate on house and church/charge-owned contents? \_\_\_\_\_ Date last reviewed \_\_\_\_\_.

5. If answer to Question 4 is No, what steps are proposed to remedy the situation? \_\_\_\_\_

6. Amount of insurance carried by pastor on contents of parsonage owned by parsonage family: \$ \_\_\_\_\_.

7. Name of Insurance Company \_\_\_\_\_ Agent/Telephone Number: \_\_\_\_\_

8. Is insurance coverage adequate on contents of parsonage owned by parsonage family? \_\_\_\_\_ Date last reviewed: \_\_\_\_\_.

**B. INVENTORY OF FURNISHINGS**

Is a current complete inventory of all furnishings and equipment maintained—one copy with the Pastor-Parish Relations Committee and/or the trustees, and a second copy with the parsonage family? Yes \_\_\_ No \_\_\_. If No, by what date will this be accomplished? \_\_\_\_\_ (The parsonage family’s copy is to be kept in the “Parsonage Records and Information Notebook”.)

**C. PARSONAGE ROOMS**

1. Bedrooms. Are there at least three bedrooms with ample closet space in each? Yes \_\_\_ No \_\_\_ Are the bedrooms at least 144 square feet each, with one not less than 168 square feet? Yes \_\_\_ No \_\_\_ If No, please describe:

\_\_\_\_\_ Are all bedrooms over three adequate furnished and maintained? Yes \_\_\_ No \_\_\_. Total number of bedrooms: \_\_\_\_\_. Current condition of bedroom furnishings: \_\_\_\_\_

2. Foyer. Is there an adequately furnished and maintained foyer? Yes\_\_ No\_\_. Current condition of foyer furnishings:

3. Living Room. Is there an adequately furnished and maintained living room measuring at least 280 square feet (or living-dining room combination measuring at least 330 square feet)? Yes\_\_ No\_\_. If No, please describe:

Current condition of living room furnishings:

4. Dining Room. Is there an adequately furnished and maintained dining room? Yes\_\_ No\_\_. If No, please describe:

Current condition of dining room furnishings:

5. Family Room/Den. Is there a family room/den? Yes\_\_ No\_\_.

6. Utility Room. Is there a utility room? Yes\_\_ No\_\_.

7. Garage. Is there a garage? Yes\_\_ No\_\_.

8. Bathrooms. Are there at least 1 1/2 baths? Yes\_\_ No\_\_.

9. Storage. Is there ample dry storage space large enough for major pieces of furniture and large packing boxes? Yes\_\_ No\_\_.

10. Accessibility for Handicapped. Is there, on the ground floor level, one room that could be used as a bedroom by a person with a handicapping condition? Yes\_\_ No\_\_. A fully accessible bathroom? Yes\_\_ No\_\_. Fully accessible laundry facilities? Yes\_\_ No\_\_.

*If No is answered to any of questions C.1-10, what is being done to bring these items up to Minimum Standards for the Parsonage, and by what date can this be accomplished?*

11. Study. Is the pastor's study in the parsonage? Yes\_\_ No\_\_. If yes, is the study on the first floor with an outside entrance or entry from front hall or both, or on the terrace level with outside entry? Yes\_\_ No\_\_. If No, please describe entry to study:

\_\_\_\_\_ If Yes, is the study adequately furnished with office furnishings, telephone, bookshelves, and a storage closet for supplies? Yes\_\_ No\_\_. If no, please describe furnishings of study:

Current condition of study furnishings:

**D. HOUSING NECESSITIES**

1. Is there a central heating plant? Yes\_\_ No\_\_\_. If No, please describe: \_\_\_\_\_

2. Is there complete insulation and weather stripping? Yes\_\_ No\_\_\_. Storm windows? Yes\_\_ No\_\_\_. Insulation in ceiling, sidewall, and floor? Yes\_\_ No\_\_\_. Carpeting? Yes\_\_ No\_\_.

3. Is there central air conditioning? Yes\_\_ No\_\_.

4. Is annual servicing of all heating and air-conditioning equipment provided? Yes\_\_ No\_\_\_. Date of last inspection \_\_\_\_\_ . Name and telephone number of service company: \_\_\_\_\_

5. Is there at least one telephone jack on each floor? Yes\_\_ No\_\_.

6. Is there at least one telephone instrument permanently in parsonage? Yes\_\_ No\_\_.

7. Are there dead bolt locks on all exterior doors? Yes\_\_ No\_\_.

8. Are smoke detectors and fire extinguishers installed and in working order? Yes\_\_ No\_\_\_. Provide dates of last inspection for each: \_\_\_\_\_

9. Is the parsonage free of health hazards, including:

a. Lead paint? Yes\_\_ No\_\_\_. Last inspection/comment: \_\_\_\_\_

b. Asbestos? Yes\_\_ No\_\_\_. Last inspection/comment: \_\_\_\_\_

c. Mildew? Yes\_\_ No\_\_\_. Last inspection/comment: \_\_\_\_\_

d. Radon? Yes\_\_ No\_\_\_. Last inspection/comment: \_\_\_\_\_

10. Is there an annual termite inspection and exterminator/pest control service? Yes\_\_ No\_\_\_. Date of last inspection \_\_\_\_\_ (month, year). Name and telephone number of service company: \_\_\_\_\_

11. Are all major appliances furnished and maintained: Washer? Yes\_\_ No\_\_\_. Dryer? Yes\_\_ No\_\_\_. Stove? Yes\_\_ No\_\_\_. Refrigerator? Yes\_\_ No\_\_\_. Automatic hot water heater? Yes\_\_ No\_\_\_. (Number of gallons \_\_\_\_\_, Type \_\_\_\_\_ (electric, gas). Comment: \_\_\_\_\_

12. Does the kitchen have: Sink? Yes\_\_ No\_\_\_. Built-in cabinets? Yes\_\_ No\_\_\_. A storage or supply closet? Yes\_\_ No\_\_\_. Counter work surfaces? Yes\_\_ No\_\_\_. Adequate electrical outlets, properly grounded? Yes\_\_ No\_\_\_. Garbage disposal? Yes\_\_ No\_\_\_. Dishwasher? Yes\_\_ No\_\_\_. Comment: \_\_\_\_\_

*If No is answered to any of questions D.1-12, what is being done to bring these items up to Minimum Standards for the Parsonage, and by what date can this be accomplished?*

\_\_\_\_\_  
\_\_\_\_\_

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**E. WATER AND SEWER FACILITIES**

1. How is the water supplied? By city? Yes\_\_ No\_\_. By a well? Yes\_\_ No\_\_. If well, when was the water last tested? \_\_\_\_\_ (year). If over 5 years, when will the well be tested? \_\_\_\_\_. Did the well pass most recent test? Yes\_\_ No\_\_. If No, by what date can this be accomplished? \_\_\_\_\_ (month, year). Attach a copy of the test results with this review. Copy attached? Yes\_\_ No\_\_.
2. Is parsonage on city sewer? Yes\_\_ No\_\_. Septic tank? Yes\_\_ No\_\_. If septic tank, was tank cleaned in the last 5 years? Yes\_\_ No\_\_. If No, when will this be accomplished?

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**F. EXTERIOR**

1. Are trees and shrubbery provided where needed? Yes\_\_ No\_\_.
2. Are trees and shrubbery properly pruned so as to not threaten the safety of the home? Yes\_\_ No\_\_.
3. Is landscaping and normal fertilization provided? Yes\_\_ No\_\_.
4. Is a lawn mower, adequate for the size of the lawn, provided? Yes\_\_ No\_\_.
5. Is a TV antenna or cable hook-up provided? Antenna: Yes\_\_ No\_\_. Cable: Yes\_\_ No\_\_.

*If no is answered to any of questions F.1-4, what is being done to bring these items up to Minimum Standards for the Parsonage, and by what date can this be accomplished?*

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**G. MAINTENANCE**

1. Amount budgeted for \_\_\_\_\_ (year) church year: \$ \_\_\_\_\_. Amount spent in that year: \$ \_\_\_\_\_. Amount held in reserves from prior years: \$ \_\_\_\_\_.

2. We find the maintenance of the parsonage to be adequate, except as noted below:

a. Things which the church should do:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Things which the pastor should do:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. KEY DOCUMENTS**

Location of user manuals and warrantee books for all church-owned appliances and equipment:

\_\_\_\_\_  
\_\_\_\_\_

**I. ADDITIONAL RECOMMENDATIONS OR COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURES: \_\_\_\_\_ Chairperson, Pastor-Parish Relations Committee

\_\_\_\_\_ Chairperson, Trustees

\_\_\_\_\_ Pastor

Date \_\_\_\_\_

DATE: \_\_\_\_\_

**A. GENERAL**

Charge: \_\_\_\_\_

Directions for finding the Parsonage: \_\_\_\_\_

Mailing Address of Parsonage: \_\_\_\_\_

Parsonage Telephone Number: \_\_\_\_\_ Church Telephone Number(s) \_\_\_\_\_

Is there a separate phone in parsonage for church use: Yes \_\_\_ No \_\_\_; Number \_\_\_\_\_

**B. ROOMS IN PARSONAGE**

Name of Room (As Applicable)	Dimensions	What Floor	Number of Closets	Comment (e.g., Not Heated) (List Furnishings in Section G)
Foyer, Entry Hall	x	B 1 2 3		
Living Room	x	B 1 2 3		
Sitting Room	x	B 1 2 3		
Den	x	B 1 2 3		
Recreation, Family Room	x	B 1 2 3		
Recreation, Family Room	x	B 1 2 3		
Pastor's Study	x	B 1 2 3		If in Parsonage
Office	x	B 1 2 3		If in Parsonage
Dining Room	x	B 1 2 3		
Breakfast Room	x	B 1 2 3		
Kitchen	x	B 1 2 3		
Bedroom #1	x	B 1 2 3		
Bedroom #2	x	B 1 2 3		
Bedroom #3	x	B 1 2 3		
Additional Bedroom	x	B 1 2 3		
Additional Bedroom	x	B 1 2 3		
Bathroom #1	x	B 1 2 3		Tub __; Shower __; Number Sinks __
Bathroom #2	x	B 1 2 3		Tub __; Shower __; Number Sinks __
Additional Bathroom	x	B 1 2 3		Tub __; Shower __; Number Sinks __
Porch	x	B 1 2 3		Screened? __; Encl. w/ Windows? __
Hallway #1	x	B 1 2 3		
Hallway #2	x	B 1 2 3		
Laundry Room	x	B 1 2 3		
Garage (G)	x			Attached? __; Detached? __
Shop	x	B 1 2 3 G		
Carport	x			
	x	B 1 2 3 G		
	x	B 1 2 3 G		
	x	B 1 2 3 G		

**C. DETAILS FOR UTILITIES**

1. Does Parsonage have central heating? Yes \_\_\_ No \_\_\_. If Yes, identify heating type(s): Gas \_\_\_; Fuel Oil \_\_\_; Electricity \_\_\_; Coal \_\_\_; Other \_\_\_; (Specify: \_\_\_\_\_).
2. Is Parsonage heated by individual room heaters? Yes \_\_\_ No \_\_\_. If Yes, provide numbers of each type: Gas \_\_\_; Electricity \_\_\_; Coal \_\_\_; Wood \_\_\_; Kerosene \_\_\_; Fireplace \_\_\_; Other \_\_\_ (Specify: \_\_\_\_\_).
3. Does Electrical Cabinet use Fuses? \_\_\_; Circuit Breakers? \_\_\_; Fuse Size(s) \_\_\_\_\_ (amps); Are fuses/circuit breakers individually labeled? \_\_\_; Location: \_\_\_\_\_
4. Water Shutoff Valve(s): Please provide location(s): \_\_\_\_\_

**D. PARSONAGE FACILITIES AND APPLIANCES**

1. Air Conditioning. Central A/C? \_\_\_; Room A/C? \_\_\_ (Number of Units: \_\_\_); None \_\_\_.
2. Telephone. Local Service Provider \_\_\_\_\_ Long Distance Provider \_\_\_\_\_.
3. Electricity. Yes \_\_\_; No \_\_\_. Service Provider \_\_\_\_\_; Wired for 220 volts? \_\_\_.
4. Sewage Disposal. Municipal \_\_\_; Septic Tank and Field \_\_\_; Outhouse \_\_\_\_\_.
5. Running Water. Municipal \_\_\_; Well \_\_\_; Other (Specify) \_\_\_\_\_; None \_\_\_.
6. Trash Collection. Municipal \_\_\_; Private \_\_\_; How Often \_\_\_\_\_; None \_\_\_.
7. Type of Cooking Stove. Electric \_\_\_; Gas \_\_\_; Other (Specify Type) \_\_\_\_\_.
8. Other Appliances and Equipment Provided. Refrigerator \_\_\_; Vacuum Cleaner \_\_\_; Garbage Disposal Unit \_\_\_; Freezer (Separate from Refrigerator) \_\_\_; Dishwasher \_\_\_; Hand Lawn Mower \_\_\_; Power Lawn Mower \_\_\_; Storm Windows; Other (Specify) \_\_\_\_\_.
9. Yard. Partially Fenced Yard \_\_\_; Fully Enclosed and Fenced Yard \_\_\_; Space for Flower Garden \_\_\_; Space for Vegetable Garden \_\_\_; Shed for Lawn and Gardening Tools \_\_\_.
10. Other (Specify) \_\_\_\_\_

**E. STORAGE AREAS (Check and Describe As Applicable)**

1. Attic. Attic Reached by Fixed Stairs \_\_\_; Attic Reach by Pull-Down Stairs \_\_\_; Attic Reached by Ladder \_\_\_.
2. Other Storage. Dry Basement Storage \_\_\_; Other Storage Space (Specify) \_\_\_\_\_.
3. Furniture Storage. Is any of the above storage space so arranged as to admit storage of large pieces of furniture? \_\_\_\_\_.

**F. SCHOOLS**

1. Name of County or City in whose school area Parsonage is Located: \_\_\_\_\_.
2. Distance (miles) to: Public Elementary School \_\_\_\_; Public Middle (or Intermediate) School \_\_\_\_; High School \_\_\_\_; Other (Describe) \_\_\_\_\_.
3. Are buses provided to: Elementary School \_\_\_\_; Middle (or Intermediate) School \_\_\_\_; High School \_\_\_\_; Other (Describe) \_\_\_\_\_.

**G. PUBLIC TRANSPORTATION**

1. Distance (miles) from Parsonage to nearest publication transportation: \_\_\_\_\_.
2. Distance (miles) to nearest full-service shopping area: \_\_\_\_\_.
3. Is there a grocery store within walking distance? \_\_\_\_\_. How far? \_\_\_\_\_.
4. How far is Parsonage from the Church (if a circuit, give distance to nearest church in circuit)? \_\_\_\_\_.
5. Distance (miles) from Parsonage to nearest Hospital: \_\_\_\_\_.
6. Distance (miles) from Parsonage to the Rescue Squad: \_\_\_\_\_.
7. How far is the nearest neighbor? \_\_\_\_\_.

**H. INVENTORY OF FURNISHINGS AND EQUIPMENT (Add Additional Sheets As Necessary)**

[List furniture, lamps, mirrors, rugs, carpets, drapes, custom pads or table linens for dining room, etc.]

Room	Items in Room	Purchase Date/Cost
Living Room		
Dining Room		
Kitchen		
Bedroom #1		
Bedroom #2		
Bedroom #3		
Extra Bedroom		
Other		

SIGNATURES: \_\_\_\_\_ Chairperson, Pastor-Parish Relations Committee

\_\_\_\_\_ Chairperson, Trustees

\_\_\_\_\_ Pastor

Date \_\_\_\_\_

## Trustee Petition Forms

Form 110

The attached materials are to assist you in having your local trustees appointed by the Circuit Court of your area, according to Section 57-8 of the Code of Virginia. By completing these forms carefully you should be able to present these to the Clerk of the Court and will probably not need the services of an attorney. There probably will be a fee, please check with your local circuit court for the amount,

- (I) Petition to be completed and signed by pastor (be sure to specify whether the trustees are of a church or charge).
- (II) “Exhibit A”, to be attached to the Petition, certifies the election of trustees by the Charge Conference. Always indicate whether trustees are new, and whom they are elected to replace.
- (III) Order, to be completed and ready for the signature of the presiding judge. County governments have different requirements. You should check with the Clerk of the Court to verify that this order is satisfactory to the judge in your county.
- (IV) PLEASE BE SURE THAT YOU KEEP THE ORIGINAL SIGNED COPY TO SEND TO THE COURT AND HAVE THE DISTRICT SUPERINTENDENT SIGN ALL COPIES.

# PETITION

VIRGINIA: IN THE CIRCUIT COURT OF \_\_\_\_\_

In Re: Appointment of Trustees for \_\_\_\_\_ United Methodist Church or Charge  
\_\_\_\_\_, Virginia.

PETITION

Your petitioner, \_\_\_\_\_ (pastor  
of \_\_\_\_\_ Church or Charge),

respectfully shows unto this Honorable Court the following facts:

That heretofore at a Charge Conference of \_\_\_\_\_ United  
Methodist \_\_\_\_\_ (church or charge) in session  
\_\_\_\_\_ 20\_\_\_\_\_, the following were duly elected as Trustees  
of said church or charge located at \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See Exhibit "A"

Your petitioner prays that by proper order of this Court, the above be appointed as the Trustees of said Church or Charge with all powers provided by law.

\_\_\_\_\_  
Minister

(1) This is to certify that the Charge Conference of \_\_\_\_\_  
 United Methodist \_\_\_\_\_ (Church or Charge)  
 in session \_\_\_\_\_, 20\_\_\_\_\_, elected the following as new trustee(s) of the  
 \_\_\_\_\_ United Methodist \_\_\_\_\_ (church or charge):

(2) \_\_\_\_\_ who succeeds  
 \_\_\_\_\_ (deceased, resigned, term expired, etc.)  
 \_\_\_\_\_ who succeeds  
 \_\_\_\_\_ (deceased, resigned, term expired, etc.)  
 \_\_\_\_\_ who succeeds  
 \_\_\_\_\_ (deceased, resigned, term expired, etc.)  
 \_\_\_\_\_ who succeeds  
 \_\_\_\_\_ (deceased, resigned, term expired, etc.)

(3) These new trustees are to serve together with \_\_\_\_\_,  
 \_\_\_\_\_,  
 \_\_\_\_\_,  
 \_\_\_\_\_,

(insert the names of the rest of your trustees), previously elected and confirmed as trustees of the  
 United Methodist \_\_\_\_\_ (church or charge).

(4) Circuit Court of \_\_\_\_\_ city or county.

Signed \_\_\_\_\_  
 District Superintendent or Presiding Officer

Signed \_\_\_\_\_  
 Secretary

\_\_\_\_\_  
 Date

**ORDER**

VIRGINIA: IN THE CIRCUIT COURT OF

In Re: Appointment of Trustees for \_\_\_\_\_

United Methodist Church or Charge, \_\_\_\_\_ Virginia

ORDER

It appearing to the Court from petition and exhibit filed herewith that the Charge  
Conference of \_\_\_\_\_ United Methodist Church or Charge,  
on \_\_\_\_\_, 20\_\_\_\_\_, elected the following as new trustees  
of the \_\_\_\_\_ United Methodist Church or Charge,  
located in \_\_\_\_\_, Virginia:

\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, and \_\_\_\_\_

It is hereby ORDERED that the aforesaid trustees, be and they hereby are duly appointed as  
Trustees of the said \_\_\_\_\_ United  
Methodist Church or Charge, \_\_\_\_\_ Virginia;  
with all powers provided by law.

Nothing further remaining to be done herein, it is ORDERED that this matter be stricken from  
the docket.

I ask for this:

\_\_\_\_\_  
Minister

Enter:

\_\_\_\_\_  
Judge