THE UNITED METHODIST CHURCH
CANDIDATE′S DISCLOSURE FORM
¶324.12

Please complete this form, sign and date it, have your signature notarized, and return it to:

Rev. Eugene Cochran; Director of Ministerial Services; PO Box 18149; Macon , GA 31209

Have you ever been:

1. convicted of a felony: ____No ____Yes
2. convicted of a misdemeanor? ____No ____Yes
3. accused in writing of sexual misconduct or child abuse?

____No ____Yes

If you answered *yes* to any of these questions, please explain.

If you are required by this disclosure form to disclose any written accusations or convictions for felony, misdemeanor or any incident of sexual misconduct that you dispute or believe should be explained in any way, you have an opportunity at this time to include any additional information that you believe might be helpful or important regarding the disclosure. Any relevant additional information should be provided in a response statement attached to the form. (Note: It would be preferable if this response statement could be included right on the disclosure statement; however, we realize there are space limitations on forms and thus you might need to request that the statement be attached. Please indicate if pages are attached.)

I hereby certify that the information provided on this form is true and accurate.

Print name _____

Signature _____ Date _____

Subscribed and sworn this _____ day of _____ 20___

Notary Public _____

Mail one copy to: Rev. Eugene Cochran; Director of Ministerial Services; PO Box 18149; Macon , GA 31209