

The United Methodist Church  
Central Texas Conference  
Retired Clergy Member of the Annual Conference  
Annual Report to the Board of Ordained Ministry

**Name**

\_\_\_\_\_  
First Name                      Last Name

**Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State / Province

\_\_\_\_\_  
Postal / Zip Code

**Preferred Phone**

\_\_\_\_\_  
Area Code      Phone Number

**E-mail**

\_\_\_\_\_

**Annual Conference**

\_\_\_\_\_

**District**

Local Church where charge conference is held:

**Church Name**

\_\_\_\_\_

**Church Street Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State / Province

\_\_\_\_\_  
Postal / Zip Code

**Number of marriages officiated**

**Number of baptisms**

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**Pastoral Acts**

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**An account of the circumstances of the family**

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**How might we help you maintain connection with both retired and active colleagues on behalf of the annual conference?**

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**Clergy Member's Name**

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**District Superintendent**

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**Pastor of Charge in which you reside**

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