

# IN-CARE PROCESS AND REQUIREMENTS

## Appendix C: Letter of Verification of Membership from the Local Church

(if other than church who is requesting in-care status: please have this formed filled out and mailed to.....)

Dear Associate Conference Minister and the Pre-Ordination Commission of the New Jersey Association of the Central Atlantic Conference of the United Church of Christ:

\_\_\_\_\_ has been a member of  
\_\_\_\_\_ church since \_\_\_\_\_. She/ He is in good  
standing of this congregation.

\_\_\_\_\_  
Pastor of the Congregation

\_\_\_\_\_  
Date signed.

\_\_\_\_\_  
Chief Lay Officer

\_\_\_\_\_  
Date signed.