



Notification of Intent to Discontinue as a United Methodist Local Pastor

Name: _____ Status: Active Retired

Address: _____

Phone: (____) _____ - _____ Email address: _____

Current Appointment: _____

Current District: Bay Dem Dot M/PC Mob MT-OP MT-PT PNS

Current Status: Licensed Local Pastor Associate Member

Year of Licensure: _____ Effective Date of Withdrawal*: _____
Year Month Day, Year

*Note: The effective withdrawal date for Local Pastors must be on or before the local church disaffiliation date, if applicable. Otherwise, the local church disaffiliation date will be the effective date of withdrawal.

Statements of Agreement
(Please initial each statement)

“Discontinuance of Local Pastor- Whenever a local pastor retires or is no longer approved for appointment by the annual conference as required in ¶318, **whenever any local pastor severs relationship with The United Methodist Church,** whenever the appointment of a local pastor is discontinued by the bishop, or whenever the district committee on ordained ministry does not recommend continuation of license, license and credentials shall be surrendered to the district superintendent for deposit with the secretary of the conference. After consultation with the pastor, the former local pastor shall designate the local church in which membership shall be held. The Board of Ordained Ministry shall file with the resident bishop a permanent record of the circumstances relating to the discontinuance of local pastor status as required in ¶635.3d.”

(¶320.1 of the 2016 Book of Discipline)

After prayer, thought and discernment, I have decided that I wish to discontinue as a local pastor in The United Methodist Church.

___ I have researched and understand the implications and impact of this decision on my health insurance (and that of my family), death and disability insurance and my pension.

___ I understand that in discontinuing as a local pastor in The United Methodist Church, I will no longer be a credentialed clergy person in The United Methodist Church.

___ I understand that upon completion and submission of this letter of intent, and, assuming I am in good standing with the Alabama-West Florida Conference, that I will be given a letter from the Office of Ministerial Services indicating that I was, at the time of my withdrawal and surrender of license, a licensed pastor in good standing of the annual conference upon my request.

___ I understand that I may no longer refer to myself as a United Methodist minister as of the effective date of my withdrawal.

___ I understand that this is not a simple reversible process, but that I would have to reapply to serve in the Alabama – West Florida Conference under the provisions of *The Book of Discipline* in place at the time I might seek to re-enter the annual conference.

Signature:

Having read and understood the above items, I formally declare my desire to withdraw from the Alabama – West Florida Conference and the United Methodist Church and surrender my United Methodist credentials.

Signature

Printed name

Date

District Superintendent Section

Signature:

Having conversed with and received this application from the above-named pastor, I now pass the required documents to the Annual Conference Director of Ministerial Services for the processing of this withdrawal effective as of the date indicated above.

DS Signature

Printed name

Date

Documents to send to Annual Conference Director of Ministerial Services via email (jenni@awfumc.org):

Notification of Intent to discontinue as a United Methodist Local Pastor

Local Pastor License

Form: Permission to Release Information to Another Denomination

Supervisory files (after effective date) for deposit in the Assistant to the Bishop’s office via Secretary’s email at ashley@awfumc.org.

Administrative Files (after effective date) for deposit in the Director of Ministerial Services office via email at jenni@awfumc.org

Edited on 7-26-2022