**OFFICIAL CHANGE OF PRESBYTERY ROLLS**

**STATUS OF CHURCHES/MISSIONS**

(Report within 10 days of change)

|  |
| --- |
| **INSTRUCTIONS:** Complete applicable portions and send:- One copy to Stated Clerk of General Assembly,1700 North Brown Road, Suite 105, Lawrenceville, GA 30043- Keep one copy for Clerk of Presbytery files |
|  |
| Name of Church  |  | [ ]  Mission Church |
| Address of Church |  |
| City  |  | State  |  | Zip  |  |
| Mailing Address (if different from above)  |  |
| City  |  | State  |  | Zip  |  |
| Church Phone  |  |
| COMPLETE APPLICABLE SECTIONS |
| Date formed as Mission Work  |  |
|  |  |  |  |  |  |
| Date Organized  |  | Date Received  |  | From  |  |
| give name of previous affiliation |
| Date Dissolved  |  | Date Transferred  |  | To  |  |
| Name of body to which transferred |
|  | [ ]  to particular church |
| **Other Change of Status:** | [ ]  to mission church |
|  | [ ]  other |
|  |
| Pastor of Church (first)  |  | (middle)  |   | (last) |   |
| Clerk of Session  |  | Telephone  |  |
| Address  |  |
| City  |  | State  |  | Zip  |  |
|  |
|  **NOTE: If both a church and a pastor change status, complete also the**  |
|  **OFFICIAL CHANGE - MINISTER FORM** |
|  |
| Signed  |  | Presbytery  |  |
|  |
| Date  |  |  |
|  |