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| **Name of church** |  |
| **Name of person submitting records** |  |
| **Church of person reviewing records** |  |
| **Name of person reviewing records** |  |
| **Attested by stamp of Stated Clerk on (date)** |  |

**Presbytery of Lake Michigan – Session Records Review Checklist for 2023**

See “Session Records Guidelines for explanation of each item.

**THIS FORM MUST BE COMPLETED** *before* **MINUTES ARE REVIEWED.**

Each congregation is required to compile a **Manual of Administrative Operations** (G-3.0106). If you have not previously had your completed manual reviewed, please bring it to this year’s review. After your Manual of Administrative Operations is reviewed the first time, future minutes reviews will require a note in your minutes only when updates are made in the manual. Please remember that these manuals do not require congregational approval since they are a product of the Session.

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| **General Appearance and Format**  To be filled out by the reviewer. Check below “Yes” or “No” | | **Yes** | **No** |
| 1 | Printed on acid-free or 25% cotton content paper |  |  |
| Secured so pages will not be lost |  |  |
| Pages numbered consecutively and printed on both sides |  |  |
| Appendix pages number in continuation |  |  |
| Legibility – no erasures, footnotes or inserts |  |  |

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| **Rolls and Registers (G-3.0204 b)**  See Session Records Guidelines. | | | **Date of Last Entry** | | | | **Comments:** | | | | | | | |
|  | Baptized Members Roll | |  | | | |  | | | | | | | |
|  | Active Members Roll | |  | | | |
|  | Inactive Members Roll –  *only when carried by the congregation* | |  | | | |
|  | Affiliate Members Roll | |  | | | |
|  | Register of Marriages | |  | | | |
|  | Register of Baptisms | |  | | | |
|  | Register of Elders | |  | | | |
|  | Register of Deacons (if applicable) | |  | | | |
|  | Register of Pastors | |  | | | |
| **SESSION MEETINGS CHECKLIST** | | | | | | | | | | | | | | |
| Person submitting book should fill in date of each meeting and list page number(s) for each item. Use a second copy of this page if needed. | | **Date of Meeting – Use xx/yy format and leave off year.** | | | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |  |  |  |
| **REQUIRED EACH MEETING** | | **Provide page numbers below.** | | | | | | | | | | | | |
| **2** | Name of session, date, start time, place, type of meeting |  |  |  |  |  | |  |  |  |  |  |  |  |
| Name of presiding Moderator |  |  |  |  |  | |  |  |  |  |  |  |  |
| Opened with prayer |  |  |  |  |  | |  |  |  |  |  |  |  |
| **3** | Attestation to quorum |  |  |  |  |  | |  |  |  |  |  |  |  |
| **4** | Roll and attendance, including guests |  |  |  |  |  | |  |  |  |  |  |  |  |
| **5** | If “special” meeting, include the purpose and by whom called |  |  |  |  |  | |  |  |  |  |  |  |  |
| **6** | Review, correction, adoption of minutes |  |  |  |  |  | |  |  |  |  |  |  |  |
| **7** | Record of all motions adopted; significant discussion or info recorded |  |  |  |  |  | |  |  |  |  |  |  |  |
| **8** | Ending time and closing prayer |  |  |  |  |  | |  |  |  |  |  |  |  |
| **9** | Minutes signed by clerk |  |  |  |  |  | |  |  |  |  |  |  |  |
| **10** | Date, time, place of next meeting |  |  |  |  |  | |  |  |  |  |  |  |  |
| **PERIODIC ACTIONS** | | **Recording the following actions is required if and when they occur.** | | | | | | | | | | | | |
| **11** | Report of presbytery commissioner(s) |  |  |  |  |  | |  |  |  |  |  |  |  |
| **12** | Authorization of Lord’s Supper and dates Lord’s Supper celebrated |  |  |  |  |  | |  |  |  |  |  |  |  |
| **13** | Authorization of baptisms |  |  |  |  |  | |  |  |  |  |  |  |  |
| **14** | Record of baptisms |  |  |  |  |  | |  |  |  |  |  |  |  |
| **15** | Approve/record membership changes |  |  |  |  |  | |  |  |  |  |  |  |  |
| **16** | Record funerals *with member number* |  |  |  |  |  | |  |  |  |  |  |  |  |
| **17** | Record marriages *with member number* |  |  |  |  |  | |  |  |  |  |  |  |  |
| **18** | Elect Clerk of Session |  |  |  |  |  | |  |  |  |  |  |  |  |
| **19** | Updates to Operations Manual, if applicable. |  |  |  |  |  | |  |  |  |  |  |  |  |
| **20** | Record actions re: judicial matters |  |  |  |  |  | |  |  |  |  |  |  |  |

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| **SESSION MEETINGS CHECKLIST**. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person submitting book should fill in date of each meeting and list page number(s) for each item. Use a second copy of this page if needed. | | | | **Date of Meeting – Use xx/yy format and leave off year.** | | | | | | | | | | | | | | | | | | | | | | |
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| **REQUIRED AT LEAST ANNUALLY** | | | | **MANDATORY FOR MINUTES REVIEW APPROVAL** | | | | | | | | | | | | | | | | | | | | | | |
| **21** | | | Review of Session minutes by presbytery |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| Corrective action taken, if required |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **22** | | | Approval of Annual Statistical Report to the PC(USA) |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **23** | | | Annual Statistical Report included |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **24** | | | Record of Session demographics |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **25** | | | Annual budget approval |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **26** | | | Adoption of full financial review *annually* |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **27** | | | Election of Treasurer |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **28** | | | Election of Presbytery commissioner(s) |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **29** | | | Review of membership rolls |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **30** | | | Training, examination, ordination and installation of Officers |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **31** | | | Review adequacy of compensation for minister(s) per annual PLM minimums |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **32** | | | Review adequacy of insurance/risk coverage |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **33** | | | Joint meeting with Deacons,  *if applicable* |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **34** | | | Review of Deacons records,  *if applicable* |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **35** | | | Review of Trustees’ work,  *if applicable* |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **36** | | | Annual review of Sexual Misconduct policy, **required by all congregations** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **37** | | | Annual review of Child Protection policy |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **38** | | | **Required –** Operations Manual reviewed in which year by PLM \_\_\_\_\_ |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **39** | | | Update to Operations Manual |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **CONGREGATIONAL MEETINGS CHECKLIST** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person submitting book should fill in date of each meeting and list page number(s) for each item. | | | | **Date of Meeting – Use xx/yy format and leave off year.** | | | | | | | | | | | | | | | | | | | | | |
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| **REQUIRED FOR EACH MEETING** | | | | **Provide page numbers below.** | | | | | | | | | | | | | | | | | | | | | |
| **40** | Name of congregation, date, starting time, place, type of meeting | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
| Name of presiding Moderator | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
| Opened with prayer | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
| **41** | Attestation to quorum | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
| **42** | If “special” meeting, include the purpose and by whom called | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
| **43** | Ending time and closed with prayer | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
| **44** | Minutes signed by clerk and moderator | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
| **REQUIRED AT LEAST ANNUALLY** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **45** | Election of officers/ nominating committee | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
| **46** | Review adequacy of pastor’s compensation, *if applicable* | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
| **47** | Session’s report concerning annual budget | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |
| **48** | Filing of annual corporation report | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |

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| **Name of reviewer** |  | | | |
| **Date of review** |  | | | |
| **Minutes book stamped** |  | Yes |  | No |
| **Indicate with a check whether the minutes are** |  | Approved | | |
|  |  | Approved with exception | | |
|  |  | Not approved | | |
| **Note any required corrective action:** |  | | | |