

| **Name of church** |  |
| --- | --- |
| **Name of person submitting records** |  |
| **Review Year of Manual of Admin. Operations** |  |
| **Church of person reviewing records** |  |
| **Name of person reviewing records** |  |
| **Attested by stamp of Stated Clerk on (date)** |  |





| **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 |  |  |

| **Rolls and Registers (G-3.0204 b)**  See Session Records Guidelines. | | | **Date of Last Entry** | | | | **Comments:** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Baptized Members Roll | |  | | | |  | | | | | | | |
|  | Active Members Roll | |  | | | |
|  | Affiliate Members Roll | |  | | | |
|  | Register of Marriages | |  | | | |
|  | Register of Baptisms | |  | | | |
|  | Register of Elders | |  | | | |
|  | Register of Deacons (if applicable) | |  | | | |
|  | Register of Pastors | |  | | | |
| **SESSION MEETING MINUTES** | | | | | | | | | | | | | | |
| 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 |  |  |  |  |  | |  |  |  |  |  |  |  |

| **SESSION MEETING MINUTES** | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 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 |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| **23** | Annual Statistical Report included |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| **24** | Record of Session demographics |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| **25** | Annual budget approval |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| **26** | Adoption of full financial review |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| **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 |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| **37** | Annual review of Child Protection policy |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| **38** | Annual review of Anti-Harassment Policy |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| **39** | Annual review of Anti-Racism Policy |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| **40** | Boundary Training for Active Ruling Elders |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| **41** | 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.** | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **REQUIRED FOR EACH MEETING** | | | **Provide page numbers below.** | | | | | | | | | | | | | | | | | | |
| **42** | Name of congregation, date, starting time, place, type of meeting | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| Name of presiding Moderator | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| Opened with prayer | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **43** | Attestation to quorum | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **44** | If “special” meeting, include the purpose and by whom called | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **45** | Ending time and closed with prayer | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **46** | Minutes signed by clerk and moderator | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **REQUIRED AT LEAST ANNUALLY** | | |  | | | | | | | | | | | | | | | | | | |
| **47** | Election of officers/ nominating committee | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **48** | Review adequacy of pastor’s compensation, *if applicable* | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **49** | Session’s report concerning annual budget | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **50** | Filing of annual corporation report | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |

| **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 with date:** |  | | | |