

# TERMINATION OF CANDIDACY FORM

Name of Candidate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Presbytery: \_\_\_\_\_

Date of Commencement of Candidacy: \_\_\_\_\_

Reasons for Termination of Candidacy:

Dates and results of communication of intent to terminate:

### Written Communication

Committee Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Results:

### Personal Meeting:

Committee Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Results:

This is to certify that the candidacy of \_\_\_\_\_ has been terminated  
by action of the \_\_\_\_\_ Presbytery.

Signed: \_\_\_\_\_  
Candidates/Ministerial Chairman                      Stated Clerk

Date: \_\_\_\_\_

*Send a copy of this form to the Office of the Stated Clerk, Evangelical Presbyterian Church, 17197 N. Laurel Park Drive, Suite 567, Livonia MI 48152-7912*