

**PRESBYTERY OF NORTHERN KANSAS  
SESSION RECORDS REVIEW COMMITTEE  
CHECKLIST FOR REVIEW OF MINUTES**

CHURCH \_\_\_\_\_

DATE \_\_\_\_\_

I. If there are actions taken by the Session, or any item in the minutes that you have questions about, or if you want to make a comment about something, please do so on an additional sheet of paper and attach it to this checklist.

Check here if you have raised questions or made suggestions for the committee to review.  
Please include the date of the meeting and the page number.

II. A few clues for reports:

1. If previous actions are referred to in the minutes, designate where they are recorded.
2. Be sure to number all pages. Line thru or clearly mark blank space.
3. It is permissible to include any pertinent printed reports (annual statistical report, budget, etc.).
4. If an action has not happened in the past year, please mark NA on the page number line.

\* III. The following should appear in the minutes:

A. Minutes of each meeting (list only one example including the page number)

- |   |        |       |
|---|--------|-------|
| 1. Date, hour and place of meeting  | Page # | _____ |
| 2. Name of Moderator presiding  | Page # | _____ |
| 3. Elders of Session present, absent, excused   | Page # | _____ |
| 4. Others present at the meeting  | Page # | _____ |
| 5. Opened and closed with prayer  | Page # | _____ |
| 6. Meeting designated as regular or special   | Page # | _____ |
| 7. Minutes of previous meeting read and approved  | Page # | _____ |
| 8. Pages of the minute book are numbered in sequence                                      | Page # | _____ |
| 9. Regular treasurer financial reports shown  | Page # | _____ |
| 10. Names of elders appointed as presbytery commissioners and their length of appointment | Page # | _____ |
| 11. Commissioner's report back to session at the next meeting                             | Page # | _____ |

+ B. The Lord's Supper:

- |   |        |       |
|---|--------|-------|
| 1. Observed on a stated time schedule (at least quarterly) or as authorized by session. | Page # | _____ |
| 2. Fact of observance noted in the minutes  | Page # | _____ |

+ C. The Sacrament of Baptism:

- |  |        |       |
|--|--------|-------|
| 1. Baptisms authorized by the Session and recorded in minutes                              | Page # | _____ |
| 2. Names of those baptized are fully recorded<br>(If children, list names of parents also) | Page # | _____ |

+ D. Are marriages and deaths properly noted in the minutes Page # \_\_\_\_\_

\* List representative examples  
+ Required by current *Book of Order*

- E. Reception of new members
  - 1. Session met with and counseled applicants Page # \_\_\_\_\_
  - 2. Minutes show basis for reception ( Confirmation of Faith, Reaffirmation of Faith, or letter of transfer ) Page # \_\_\_\_\_
  - 3. Minutes and Register show full legal name of each new member Page # \_\_\_\_\_
  - 4. If reception is by letter, the church name and city is recorded Page # \_\_\_\_\_
  
- + IV. The following items require annual action by the Session:
  - A. Session's annual statistical report to the General Assembly is set forth in the minutes Page # \_\_\_\_\_
  - B. Session has established an annual budget Page # \_\_\_\_\_
  - C. Financial records of various funds have been audited and reviewed by Session Page # \_\_\_\_\_
  - D. Session reviewed with the pastor and all other staff their compensation for the coming year Page # \_\_\_\_\_
  - E. Membership rolls were reviewed Page # \_\_\_\_\_
  - F. The minutes show that instruction was given to newly elected officers of the congregation Page # \_\_\_\_\_
  - G. Insurance coverage was reviewed including company name & agency Page # \_\_\_\_\_  
 [Please complete page 5 of this checklist and bring it with you to SRR.]
  - H. Incorporation renewal date as well as state of KS incorporation number Page # \_\_\_\_\_
  - I. Session has reviewed the By-Laws Page # \_\_\_\_\_
  - J. Session has reviewed the Manual of Operations Page # \_\_\_\_\_
  - K. Session has reviewed the Sexual Misconduct Policy Page # \_\_\_\_\_
  - L. Session has reviewed the Child Protection Policy Page # \_\_\_\_\_
  
- + V. The following items need to be spot-checked to see that Session has done them and they are recorded properly:
  - A. Removal of names from the membership rolls:
    - 1. When members are transferred to another congregation, do the minutes show full name and address of the church to which they are transferred and the full individual names of the members being transferred ? Page # \_\_\_\_\_
    - 2. When members are removed from the active roll, do the minutes show the reasons why their status is being changed ? Page # \_\_\_\_\_
  - B. Do the minutes indicate review and approval by the Session of the Christian Education program and curriculum of the church ? Page # \_\_\_\_\_
    - 1. Has there been training provided for those asked to teach ? Page # \_\_\_\_\_
  - C. Do the records show that the Session set the dates for regular and special meetings of the congregation ? Page # \_\_\_\_\_

\* List representative examples  
 + Required by current *Book of Order*  
 New form of Government

VI. Recommendations by the Session Review Committee

- A. The records are approved WITHOUT EXCEPTION YES NO
- B. The records are approved with the following exceptions: YES NO
- C. Comments and recommendations for corrective measures  
(Be specific identifying exceptions and page numbers)

1

2

3

4

Feel free to make additional comments and recommendations on an additional sheet of paper and attach it to this checklist.

Check here if you have made additional comments and recommendations

Records examined by: \_\_\_\_\_

Report received by: \_\_\_\_\_  
Review committee member

Examination location and date: \_\_\_\_\_ / / 2019

CHURCH \_\_\_\_\_

DATE \_\_\_\_\_

IN PREPARATION:

List full name of applicants for church membership

For minor children, list the name of the parents

For persons who have had a change of names because of marriage or other reasons,  
list the previous name/names as appropriate.

For married persons, list the spouse's name.

With letter of transfer, note from which church the member is being dismissed to your church

When a member is being dismissed, note the date and full name of the  
person and the church to which dismissed

CHECKLIST

I. Church Membership Roll [G-3.0204a]

- |  |     |    |    |
|--|-----|----|----|
| A. Is the chronological register in good order ?   | Yes | No | NA |
| B. Test-check the chronological register with the alphabetical index. Do they properly agree ?     | Yes | No | NA |
| C. When names have been removed from the active member roll, is date and reason listed ?           | Yes | No | NA |
| D. With membership changes to and from other churches, is the other church definitely identified ? | Yes | No | NA |

II. Other registers [G-3.0204b]

- |   |     |    |    |
|---|-----|----|----|
| A. Adult baptism - full name and date of baptism  | Yes | No | NA |
| B. Child baptism - full name of child, date of baptism, place and date of birth, full names of both parents | Yes | No | NA |
| C. Ruling Elders: Full name and date of ordination and terms of service                                     | Yes | No | NA |
| D. Deacons: Full name and date of ordination and terms of service   | Yes | No | NA |
| E. Pastors: Full name and date of installation and terms of service   | Yes | No | NA |

III. Optional registers [G-3.0204b]

- |   |     |    |    |
|---|-----|----|----|
| A. Inactive Members - Are date and reason listed?   | Yes | No | NA |
| B. Marriages - Full names of both parties and date of ceremony<br>Any marriage performed for a member of this church, or performed by the pastor, or performed in this church | Yes | No | NA |
| C. Death of a Member: Date of death & place of burial   | Yes | No | NA |

IV. Some registers have provision for additional information beyond those listed above.

- |                                   |     |    |    |
|-----------------------------------|-----|----|----|
| Have such places been filled in ? | Yes | No | NA |
|-----------------------------------|-----|----|----|

Records examined by: \_\_\_\_\_

Report received by: \_\_\_\_\_  
Review committee member

Examination location and date: \_\_\_\_\_ / / 2019

**RECORD OF CONGREGATION'S INSURANCE COVERAGE**

Each council (session) shall obtain property and liability insurance coverage to protect its facilities, programs, staff, and elected and appointed officers.

Insurance Provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Effective Dates of Policy \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This policy covers:  
(Confirm that the congregation's insurance policy covers each of the required areas.)

_____	Facilities (building)	_____	Staff
_____	Programs	_____	Appointed Officers

_____	Clerk of Session	_____	Date
-------	------------------	-------	------

_____	Church Name	_____	City
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