

[Church Name]

Dispose of Records Request Form

Date of Request: _____

Department: _____

Control Number: _____

Contact: _____

Phone: _____

The following described records have no further legal, fiscal, administrative or historical use to this department. There are no audits, litigation or claims pending or anticipated against them. We certify that they have met [Church Name] retention requirements.

Preparer: _____

Date: _____

Department Head: _____

Date: _____

Records Management Officer: _____

Date: _____

Description of Records to be Disposed

Record Title	Retention Period	Date Range of Records	
		From	To

Departmental Records Management Signature

Date