

## REPORT FOR MINISTER OF WORD AND SACRAMENT RETIRED

Date:	– Syn	nod:
LAST NAME		FIRST NAME
cial Security Number:*last 4 digits	Date of Ordination:	Date of Retirement: MM/DD/YYYY
Summer Mailing Address	s:	
City:	State: Zip Code	e: Country:
Phone:	Cell phone:	E-mail:
From:	to:	
Winter Mailing Address:_		
City:	State: Zip Code	e: Country:
Phone:	Cell phone:	E-mail:
From:	to:	
•	rinter mailing addresses are t	
Full Name of Spouse:		Date of Marriage:
	regation of which you are a m	
L. What pastoral ministry w	vere you invited to provide this	is past year?
2. Were these specific ways	in which you like to serve?	_

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3. As you reflect upon the past year, what were the most significant developments, events or accomplishments in your life?
4. What challenges do you face now that you are retired?
5. What insights into church life, based upon your experience, would be helpful for the bishop's consideration?
6. Note any concerns or issues you desire to share with your synod bishop.

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