

REPORT FOR MINISTER OF WORD AND SACRAMENT NOT UNDER CALL

Information on this form may be shared with other synod staff persons during the mobility process.

Date: _____ MM/DD/YYYY Synod: _____

_____ LAST NAME _____ FIRST NAME

Social Security Number: _____ *last 4 digits only Date of Ordination: _____ MM/DD/YYYY

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ E-mail: _____

Cell phone: _____ Date of Marriage: _____ MM/DD/YYYY

Full Name of Spouse: _____

Dependents:	Full Name	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Name and location of congregation of which you are a member:

In what congregational activities did you participate last year?

2. As you reflect upon the past year, what were the most significant developments, events, or accomplishments in your life?

3. Note any concerns or issues you desire to share with your synod bishop.