Evangelical Lutheran Church in America
God's work. Our hands.

Please download and save file to your computer before filling out this form.

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: Select 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.