

## 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.