



PLEASE SAVE A COPY OF THIS FORM TO YOUR COMPUTER, OPEN THE SAVED COPY, FILL IT OUT, SAVE IT ONCE MORE, AND EMAIL THE SAVED COPY TO THE SYNOD OFFICE.

2017 MINNEAPOLIS AREA SYNOD 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.

LAST NAME

FIRST NAME

Date: _____
MM/DD/YYYY

Date of Ordination: _____
MM/DD/YYYY

Home Mailing Address: _____

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

Phone: _____ E-mail: _____

Cell phone: _____

Full Name of Spouse: _____ Date of Marriage: _____

Dependents:	Full Name	Relationship	Date of Birth
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1. Name and location of congregation of which you are a member:

Congregation City State

2. In what congregational activities did you participate last year?

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

4. What is your best insight from your reading/studies this past year?

5. Note any concerns or issues you desire to share with your synodical bishop.