

**Minneapolis Area Synod of the ELCA
Individual Request for Information**

NAME: First _____ Middle _____ Last _____
Title _____ Suffix _____ Goes By Name _____

LEADER KEY: _____

DATE OF BIRTH: _____ **GENDER:** ___ Male ___ Female ___

MARITAL STATUS: ___ Married ___ Separated ___ Divorced ___ Single ___ Widowed ___ Partnered

NAME OF SPOUSE:

First _____ Middle _____ Last _____
Title _____ Suffix _____ Goes By Name _____

HOME ADDRESS: Street _____
City _____ State _____ Zip code _____

WORK ADDRESS: Org. Name _____
Street _____
City _____ State _____ Zip code _____

OTHER ADDRESS: Please indicate: Vacation, Winter, Summer, etc. _____
Street _____
City _____ State _____ Zip code _____

PREFERRED MAILING ADDRESS: ___ Home ___ Work ___ Other

PHONE NUMBERS (Include area code): Please check preferred phone #

Home phone _____
Cell phone _____
Org. phone _____
Office phone _____
Other phone _____

EMAIL ADDRESSES: Please check preferred email

Home email _____
Org. email _____
Other email _____

DATES (month, day, year):

Date Ordained/Commissioned/Consecrated _____
Date of Marriage _____
Start Date of Current Call _____
Date of Last Boundaries Training _____
Date Retired _____

CURRENT CALL:

Position: _____ ___ Full time ___ Part time

CONGREGATION OF MEMBERSHIP: _____
City _____ State _____ Zip code _____

OTHER INFORMATION:

Would you like to be on our MAS listserv? ___ Yes ___ No

Are you a Portico member? ___ Yes ___ No

Are you the youth contact for your organization? ___ Yes ___ No ___ N/A

Are you in a peer group? ___ Yes ___ No Would you like to be in a peer group? ___ Yes ___ No

Preferred Pronouns (optional): _____

Ethnicity (optional): _____

CHILDREN: <u>Name</u>	<u>Date of Birth</u>	<u>Name</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION: <u>School</u>	<u>Dates</u>	<u>Degree/Certificate Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SYNOD PARTICIPATION: <u>Name of Committee/Group</u>	<u>Dates of Service</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please return this form by email to k.ohm@mpls-synod.org or by mail to:

Minneapolis Area Synod, attn. Roster
122 W Franklin Ave, Suite 600
Minneapolis, MN 55404-2474

THANK YOU!