



2015 REPORT FOR ASSOCIATE IN MINISTRY, DEACONESS AND DIACONAL MINISTER – RETIRED

Date: _____ Synod: _____

Last Name: _____ First Name: _____

Date of Commissioning or

Social Security Number: _____ Consecration: _____ Date of Retirement: _____
Last 4 Digits Only

Summer Mailing Address: _____

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

Phone: _____ Email: _____

From(Date): _____ To(Date): _____

My summer and winter mailing addresses are the same

Winter Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Email: _____

From(Date): _____ To(Date): _____

Name of Spouse: _____ Date of Marriage: _____
(mm/dd/yyyy)

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

_____ Congregation _____ City _____ State _____

1. What pastoral ministry were you invited to provide this past year?

2. Were these specific ways in which you like to serve?

