

**PLEASE SAVE A COPY OF THIS FORM TO YOUR DESKTOP, OPEN THE SAVED COPY, FILL IT OUT, SAVE IT ONCE MORE, AND EMAIL THE SAVED COPY TO THE BISHOP. THANK YOU,**

**PLEASE SEND TO PATRICIA.LULL@SPAS-ELCA.ORG  
SAINT PAUL AREA SYNOD 2022 REPORT FOR ROSTERED MINISTER  
UNDER CALL FROM A CONGREGATION**

*Information on this form may be shared with other synod staff persons during the mobility process*

I am a: \_\_\_ Pastor \_\_\_ Deacon

Full name: \_\_\_\_\_ Date: \_\_\_\_\_

Info below is same as last year (if checked, skip the following section): \_\_\_

Date of Ordination/Consecration: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Home mailing address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Work mailing address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Preferred Mailing Address:	Home	Work	
Preferred Email:	Home	Work	
Preferred Phone:	Home	Cell	Work

Full name of spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Children: Full Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wish to discuss the possibility of a change of call?	YES	NO
If so, is your request urgent?	YES	NO

1. What were the major challenges you personally faced in 2021 and how did you respond?



Does the congregation provide any of the following:

Social Security allowance

Additional pension contribution (beyond recommended 10%)

Contribution to a health savings or health spending account

What health insurance plan does the congregation provide:

Portico Gold +     Portico Silver     Portico Bronze     Other plan (please describe below)

Would you like a conversation with the bishop about your level of compensation or financial concerns you are facing?     Yes     No