

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

**SAINT PAUL AREA SYNOD 2023 REPORT FOR ROSTERED MINISTER
ON LEAVE FROM CALL**

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: _____

Preferred Phone: Home Cell

Full name of spouse: _____ Date of marriage: _____

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

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

1. What were the major challenges you personally faced in 2022 and how did you respond?

