

**PLEASE DOWNLOAD THIS FORM AND SAVE AS
FirstNameLastName_MinistryReport2025**

**2025 SAINT PAUL AREA SYNOD REPORT FOR ROSTERED MINISTER
RETIRED**

I am a: Retired Pastor Retired Deacon

Full name: _____ Date: _____

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

Date of Ordination/Consecration: _____ Date of Retirement: _____ Date of Birth: _____

Mailing address: _____

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

Home Phone: _____ Cell Phone: _____ Email: _____

Alternate address (winter/summer address) to be used from: _____ **to:** _____
Month Month

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

Alternate Phone: _____ Preferred phone: Home Cell Alternate

Full name of spouse or primary contact person: _____ Date of marriage: _____

Address of Primary contact person (if different from above): _____

City: _____ State: _____ Zip Code: _____ Phone: _____

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

1. What is one thing you love about your vocation in retirement?

2. What was a source of hope for you in 2024?

3. How has your membership in a congregation been life-giving for you?
To which congregation do you belong?

4. What else would you like the bishop to know about your life and ministry?

PLEASE SAVE & EMAIL YOUR COMPLETED FORM TO: patricia.lull@spas-elca.org