



Metropolitan New York Synod
Evangelical Lutheran Church in America

475 Riverside Drive, Suite 1620 | New York, NY 10115 | 212-665-0732 | www.mnys.org

ANNUAL REPORT FOR SYNOD DEACON

Date: _____

Last Name: _____ First Name: _____

Preferred Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Spouse's Name: _____

Date of Setting Apart: _____

Active Renewal of Call Date: _____

OLFC Date OLFC Granted: _____

Retired Date Retirement Granted: _____

Congregation: _____

Do you wish to discuss the possibility of a change in call? Yes No

Is your request urgent? Yes No

1. In the past year, what were the most significant developments, accomplishments, and events in your life and ministry? If you are OLFC or Retired, how were you involved?

2. As you look forward to the new year, what will be the special emphases of your ministry? If OLFC or Retired, how will you be involved?

3. As you engage in these emphases, what encouragement or support will you need?
4. The continuing education in which I was involved in this past year included:
5. My most important continuing education learning of this past year was:
6. Special concerns or issues I wish to share with the Bishop and Synod Staff include:

*If you provide a written annual report to your congregation, please attach a copy for your synod file.
When you have completed this form, please email it and any attachments to:
annualreports@mnys.org.*