

THE LUTHERAN CHURCH-MISSOURI SYNOD



Minister of Religion, Commissioned

# DIPLOMA OF VOCATION

IN THE NAME OF GOD THE FATHER, THE SON, AND THE HOLY SPIRIT. AMEN.

To \_\_\_\_\_

Dear Friend in Christ,

Having called on the Lord, our God, for guidance and in the exercise of the authority with which He has vested His church on earth, we the members of

\_\_\_\_\_

in lawful meeting on \_\_\_\_\_

have elected you as \_\_\_\_\_

and herewith extend to you this formal notification of your solemn call.

In the name of the Triune God and by His authority we ask you to assume the responsibilities of the office to which we have called you and faithfully to perform all the duties of your office according to the Word of God and the confessional standards of the Evangelical Lutheran Church as drawn from the Sacred Scriptures and found in the Book of Concord. We ask you to do this according to the needs as specified in the accompanying document or as agreed upon when new needs arise. To the end that you may be enabled to do this, we pledge you our wholehearted and continuing cooperation and support in word and deed and in our prayers to God in your behalf.

We pray God, the Father of our Lord Jesus Christ, who has moved us to extend our call to you, to convince you by His Holy Spirit that it comes from Him; to induce you to accept it; to conduct you safely to your field of labor; and to bless your ministrations to the glory of His holy name, the building of His church, the temporal and eternal welfare of many people, and your own great joy and blessing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_,

on behalf of \_\_\_\_\_ by \_\_\_\_\_

Signature \_\_\_\_\_

Name and Position \_\_\_\_\_

Signature \_\_\_\_\_

Name and Position \_\_\_\_\_

Signature \_\_\_\_\_

Name and Position \_\_\_\_\_

Signature \_\_\_\_\_

Name and Position \_\_\_\_\_

# Supplement to the Diploma of Vocation

*(Minister of Religion, Commissioned)*

To \_\_\_\_\_

a graduate of  \_\_\_\_\_  
(College/University) (Date of Graduation)

Who is herewith called to the position of \_\_\_\_\_

of \_\_\_\_\_ at \_\_\_\_\_  
(School/Institution) (City/State)

**In the name of the Triune God and by His authority we hereby authorize and obligate you:**

To teach faithfully the Word of God, the Sacred Scriptures, in its truth and purity and as set forth in all the symbolical books of the Evangelical Lutheran Church;

To exemplify the Christian faith and life, to function in an atmosphere of love and order characteristic of the Body of Christ at work, and to lead others toward Christian maturity;

To show a due concern for all the phases of mission and ministry.

To exemplify Christian discipleship and witness, to live in Christian unity with the members of the congregation and coworkers, and to seek earnestly the advancement of the kingdom of God at home and abroad.

**To enable you to do this, we hereby obligate ourselves:**

To receive you as a called servant of Jesus Christ, loving and honoring, aiding and supporting you with our diligent, faithful assistance and prayers;

To review your skills of ministry and the skills of others in light of our needs in order mutually to redefine and rearticulate your ministerial responsibilities from time to time;

To make appropriate arrangements for your continuing education as a professional person in the ministry of the Gospel;

To provide for your proper support according to our ability and to review your salary, housing arrangements, and all allowances periodically, beginning with the following arrangements:

# Compensation Information

(Please note: The calling body is encouraged to consult your District's Salary Compensation Guidelines prior to completing the following sections.)

## Salary Information

Basic cash salary for  months (do not include any other payments to the educator which are designated below): \$ \_\_\_\_\_

Salary paid:

If other, please describe: \_\_\_\_\_

## Housing Information

(If congregation-owned housing is provided, complete the following section. If a housing allowance is provided, proceed to the Housing Allowance Information section below.)

### Congregation-owned Housing/Utilities Information

(Please note: It is recommended that the calling body pay all costs associated with providing congregation-owned housing and basic utilities such as heat, electricity, water, sewer, and telephone.)

Description of housing provided: \_\_\_\_\_

Average annual congregation-owned housing utility cost: \$ \_\_\_\_\_

Are utilities paid in full by congregation?

Additional Information: \_\_\_\_\_

Housing equity provided by the congregation?  Annual amount: \$ \_\_\_\_\_

(Please note: Any additional amount which the congregation gives to the Commissioned Minister as "housing equity" is taxable income.)

Does the educator have the option to receive a housing allowance to purchase or rent his/her own home instead of living in the congregation-owned housing?

### Housing Allowance Information

(Please note: Educators are eligible to apply for a Lutheran Church Extension Fund [LCEF] housing loan.)

Annual amount or percentage of housing allowance (including utility allowance) paid to the educator (Do not include the amount entered here in the "Basic Cash Salary" listed above): \$ \_\_\_\_\_ or \_\_\_\_\_ %

Is a down payment loan available to the educator from the congregation?

If yes, maximum amount of a down payment loan that is available to the educator: \$ \_\_\_\_\_

Rate of interest for the down payment loan to the educator: \_\_\_\_\_ %

What are the provisions for repaying the down payment loan?

\_\_\_\_\_

Additional Housing Information

\_\_\_\_\_

### Auto Information

Are both a car and operating expenses provided by the calling body?

Is mileage reimbursement paid to the educator (instead of a car allowance)?

If yes, rate of mileage reimbursement per mile: \$

Maximum amount of mileage reimbursement per year: \$ \_\_\_\_\_

Is an annual car allowance paid to the educator?

If yes, annual amount of car allowance paid to the educator: \$ \_\_\_\_\_

Is an annual amount for car replacement paid to the educator?

If yes, annual amount paid to the educator for car replacement: \$ \_\_\_\_\_

**Benefits Information**

Does the congregation provide a benefit package for the educator through Concordia Plan Services?

If yes, which Plan package is provided?

**The Church's Plan**

- Concordia Health Plan (CHP)
- Concordia Retirement Plan (CRP)  
(Primary, SRA, & Retiree Medical Supplement)
- Concordia Disability & Survivor Plan (CDSRP)
- Concordia Retirement Savings Plan (CRSP) - 403(b)

**Package 2**

- Concordia Health Plan
- Concordia Retirement Plan (Primary & SRA only)
- Concordia Disability & Survivor Plan

**Package 3**

- Concordia Retirement Plan (Primary & SRA only)
- Concordia Disability & Survivor Plan

**Package 4**

- Concordia Health Plan only

Date the congregation will begin providing benefit coverage: \_\_\_\_\_

*Note: For newly placed graduates early enrollment may be available through Concordia Plan Services, Please review the plan requirements.*

If the congregation provides one of the packages that include the Concordia Health Plan (CHP), which coverage level option is currently provided?

- Option A - \$25 co-pay & \$0 deductible
- Option B - \$25 co-pay & \$350 individual / \$700 family deductible
- Option C - \$30 co-pay & \$600 individual / \$1,200 family deductible
- Option D - \$35 co-pay & \$1,200 individual / \$2,400 family deductible
- Option E - \$1,800 individual / \$3,600 family deductible - no co-pay after deductible (except ER & Urgent Care)
- Option HDHP - \$2,850 individual / \$5,700 family deductible – no co-pay & no coinsurance after deductible
- Option HMO – available in limited areas \$1,850 individual / \$5,550 family out of pocket maximum
- Option HMO-C – available in California \$1,850 individual / \$5,500 family out of pocket maximum
- Option HMO –C2 – available in California \$2,450 individual / \$7,350 family out of pocket maximum

If the congregation provides the CHP, who does the congregation pay premiums for:

*(Please note: It is recommended that the congregation/school pay for health care for the entire family. The CHP requires that the employer pay at least 50% of the contributions for enrolled workers. In order to comply with non-discrimination laws, cost sharing must be on a non-discriminatory basis for all enrolled workers.)*

Does the educator share in any of the cost of the Concordia Health Plan?

If yes, the amount or percentage of the Concordia Health Plan to be paid for by the educator: \_\_\_\_\_ or \_\_\_\_\_ %

If the congregation does not provide the Concordia Health Plan, is another health care plan provided?

If yes, this health plan has a \$ \_\_\_\_\_ co-pay for doctor visits, a \$ \_\_\_\_\_ annual individual deductible, and a \$ \_\_\_\_\_ annual family deductible.

The coinsurance maximum is \$ \_\_\_\_\_ for an individual and \$ \_\_\_\_\_ for the family.

If another health care plan besides the CHP is provided, the congregation pays the premiums for:

Does the educator share in any of the cost of this health care plan?

If yes, the amount or percentage of the health care plan to be paid for by the educator: \_\_\_\_\_ or \_\_\_\_\_ %

Does the congregation participate in a Flexible Spending Account (FSA)?

Additional Information: \_\_\_\_\_

Does the congregation provide a Health Reimbursement Arrangement (HRA)?

Additional Information: \_\_\_\_\_

Does the congregation provide a Health Savings Account (HSA) if it offers Option HDHP?

Additional Information: \_\_\_\_\_

Does the congregation participate in a Cafeteria Plan?

Additional Information: \_\_\_\_\_

Does the congregation pay for/help offset the cost of any annual individual/family deductibles?

Additional information: \_\_\_\_\_

**Benefits Information (continued)**

If the congregation provides a Plan package which includes the Concordia Retirement Plan (CRP) and the Concordia Disability & Survivor Plan (CDSP), will the educator be enrolled on the "regular" or "full" basis? Please note: If the educator was not participating in the CRP prior to 12/31/81, he/she may only be enrolled on the "regular" basis.

If the educator is covered in the CRP on the "regular" basis, the annual special payment (difference between full and regular basis cost) to be paid to the educator is: \$

*Please note: Employers contributing to the CRP on the Regular Basis MUST pay the worker the difference between the Full and Regular Basis rate, which is 3% of compensation. This special payment assures that all workers deemed "self-employed" by Social Security are treated equitably, whether they are participating in the Full or Regular Basis. If an employer is already helping a worker pay part of the self-employed Social Security tax (e.g., Social Security allowance of 7.65%), this special payment is no longer an obligation of the employer.*

If the congregation provides The Church's Plan package which includes the Concordia Retirement Savings Plan (CRSP), does the congregation provide an additional match (2% or 4%) above the basic employer match?

If yes, what is the amount of the additional match paid by the congregation:

Does the congregation provide any additional retirement benefits in the form of other 403(b) plans or Individual Retirement Accounts (IRAs)?

Additional Information: \_\_\_\_\_

Is additional income paid to the educator to enable him/her to pay a portion of his/her self-employment tax?

Additional Information: \_\_\_\_\_

If the congregation does not provide a package that includes the Concordia Retirement Plan and the Concordia Disability & Survivor Plan, does it provide other retirement benefits and/or disability coverage?

Additional Information: \_\_\_\_\_

If the congregation does not provide a package that includes the Concordia Retirement Savings Plan, does it provide another plan?

Additional Information: \_\_\_\_\_

Additional information regarding the benefits package offered by the congregation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Moving Information**

Are personal travel expenses paid when moving to the new location?

Is there a maximum amount of personal travel expenses paid by the calling body?

If yes, maximum amount: \$ \_\_\_\_\_

Are personal moving expenses paid when moving to the new location?

Is there a maximum amount of moving expenses paid by the calling body?

If yes, maximum amount: \$ \_\_\_\_\_

What are the moving arrangements (professional moving company, U Haul, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Is there an additional amount given to the educator as a Relocation Grant to cover miscellaneous moving expenses?

If yes, amount of Relocation Grant: \$ \_\_\_\_\_

Additional information regarding moving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Miscellaneous Information**

Is the calling body willing/able to assist the educator in the reduction of his/her educational debt?

If yes, please describe: \_\_\_\_\_

Are conference/workshop attendance expenses covered?

If yes, annual amount for Conference/Workshop attendance expenses: \$ \_\_\_\_\_

Is there a continuing education/graduate school allowance?

If yes, annual amount for continuing education /graduate school: \$ \_\_\_\_\_

If yes, how much time does the calling body grant to the educator per year for continuing education/graduate school purposes?

Does the calling body offer a sabbatical leave?

If yes, please describe: \_\_\_\_\_

What is the maximum amount of reimbursement for professional expenses (books, memberships, etc.): \$ \_\_\_\_\_

Days off per week: \_\_\_\_\_

Annual holidays (attach holiday and vacation schedule)

Annual days of vacation (should be based upon the educator's total years of service in the ministry): \_\_\_\_\_

Does the calling body follow all aspects of the District's salary compensation guidelines?

If no, describe the salary compensation guidelines used by the calling body: \_\_\_\_\_

Additional information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_ by

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

on behalf of \_\_\_\_\_

Address: \_\_\_\_\_

**ACCEPTANCE**

I, \_\_\_\_\_, after prayerful consideration hereby accept this call and with the help of the Almighty God agree:

To assume willingly the obligations stated above and the responsibilities of this office as specified in this call document or as may be resolved and agreed on periodically;

To perform faithfully all duties of this office in accordance with the Word of God and the confessional standards of the Evangelical Lutheran Church as drawn from the Sacred Scriptures and found in the Book of Concord;

To exemplify the Christian life in all that I do and say, working in concern with all others in order that my ministry in your midst may be a blessing to many people, to our church, and especially to our Lord, Jesus Christ.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_

by \_\_\_\_\_

Address \_\_\_\_\_

**NOTE:**

Two signed copies of the entire completed Call document are to be sent to the person called. Upon acceptance one copy, duly completed and signed, is to be returned to the calling body. Upon declination both copies are to be returned together with a proper letter of declination.

## INFORMATION REGARDING THE CALL

Name of Calling Body \_\_\_\_\_ (Congregation or Organization) \_\_\_\_\_ (Synodical District)

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Contact Person \_\_\_\_\_ (Name) \_\_\_\_\_ (Title/Position) \_\_\_\_\_ (Telephone Number)

### GENERAL CALL INFORMATION

Please check appropriate responses:

1. Call is for a candidate through the Board of Assignments?
- Note: Select "Yes" if calling a college/university graduate; select "No" if calling a Commissioned Minister from the field.
2. Date service and salary are to begin is: \_\_\_\_\_
3. Call is Tenured or Non-tenured:
- If the Call is Non-tenured, what is the period of service? \_\_\_\_\_ to \_\_\_\_\_
- If the Call is Non-tenured, is it subject to renewal?  Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_
- If the Call is Non-tenured, what is the process for renewing it?  
\_\_\_\_\_

4. Called person is to serve as: \_\_\_\_\_
5. MINISTRY RESPONSIBILITIES. Rank by number the priority of other services that the candidate is required or expected to fulfill. Use number "1" as first priority, "2" as second priority, etc. Also include a ministry description with the call document.

#### A. SCHOOL RELATED RESPONSIBILITIES

- Administrative Assistance
- Media Center/Library Administration
- Media Center/Library Assistance
- Athletic Program
- Music Program
- School Newspaper/Yearbook
- School Club Leadership/Sponsor
- Second Language Instruction
- Computer-related Instruction
- Special/Gifted
- Other \_\_\_\_\_
- Other \_\_\_\_\_

#### B. CONGREGATIONAL RESPONSIBILITIES

- Sunday School Administration
- Sunday School Teacher
- Youth Program Administration
- Youth Program Advisor
- Youth Bible Class Teacher
- Adult Bible Class Administration
- Adult Bible Class Teacher
- Weekday School Administration
- Weekday School Teacher
- Evangelism Program
- Other \_\_\_\_\_
- Other \_\_\_\_\_

#### C. OTHER RESPONSIBILITIES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CALLING ENTITY AND COMMUNITY INFORMATION

*(If calling entity is not a congregation, please attach appropriate information)*

In addition to the information requested on this form, calling bodies are encouraged to provide other important information on accompanying sheets.

## CALLING BODY INFORMATION

Name \_\_\_\_\_ Synodical District

Address \_\_\_\_\_  
(Street) (City) (State) (Zipcode)

Year Organized: \_\_\_\_\_ Baptized Members: \_\_\_\_\_ Communicant Members: \_\_\_\_\_ Average Sunday Attendance \_\_\_\_\_

No. on Church Staff: Ordained: \_\_\_\_\_ Commissioned: \_\_\_\_\_ Professional: \_\_\_\_\_ Support: \_\_\_\_\_

Congregation's Total Budget \$ \_\_\_\_\_ At Home Budget \$ \_\_\_\_\_ Mission Budget \$ \_\_\_\_\_ District Subsidy \$ \_\_\_\_\_

**Cultural Composition of:**

Church Membership:	Anglo _____ %	Hispanic _____ %	Black _____ %	Asian _____ %	Other _____ %
School Enrollment:	Anglo _____ %	Hispanic _____ %	Black _____ %	Asian _____ %	Other _____ %
Community:	Anglo _____ %	Hispanic _____ %	Black _____ %	Asian _____ %	Other _____ %
Pastoral Staff:	Anglo _____ %	Hispanic _____ %	Black _____ %	Asian _____ %	Other _____ %
School Faculty:	Anglo _____ %	Hispanic _____ %	Black _____ %	Asian _____ %	Other _____ %
Other:	Anglo _____ %	Hispanic _____ %	Black _____ %	Asian _____ %	Other _____ %

Additional information regarding cultural composition:

\_\_\_\_\_

\_\_\_\_\_

## SCHOOL INFORMATION

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zipcode)

Single congregation school:  Interparish School:  Association School:

School Budget \$ \_\_\_\_\_ Administrator:

Number of teachers: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Teachers Aides: \_\_\_\_\_ Secretaries: \_\_\_\_\_ Other Staff: \_\_\_\_\_

Year School Established: \_\_\_\_\_ Years of School Additions: \_\_\_\_\_ Year of School's Last Remodeling: \_\_\_\_\_ Cafeteria:   
 Gymnasium:

Percentage of sponsoring congregation's eligible children enrolled in the Lutheran school: \_\_\_\_\_ %

Percentage of Lutheran school's enrollment that is: Non-Lutheran: \_\_\_\_\_ % Unchurched: \_\_\_\_\_ %

Description of school facilities:

\_\_\_\_\_

\_\_\_\_\_

## OTHER CALLING BODY INFORMATION

Check appropriate responses:

	Sunday	Weekday
Part-time education	<input style="width: 80px; height: 15px;" type="text"/>	<input style="width: 80px; height: 15px;" type="text"/>
Vacation Bible School	<input style="width: 80px; height: 15px;" type="text"/>	<input style="width: 80px; height: 15px;" type="text"/>
Sunday School	<input style="width: 80px; height: 15px;" type="text"/>	<input style="width: 80px; height: 15px;" type="text"/>
Weekday School	<input style="width: 80px; height: 15px;" type="text"/>	<input style="width: 80px; height: 15px;" type="text"/>
Adult Bible Class	<input style="width: 80px; height: 15px;" type="text"/>	<input style="width: 80px; height: 15px;" type="text"/>
Youth Bible Class	<input style="width: 80px; height: 15px;" type="text"/>	<input style="width: 80px; height: 15px;" type="text"/>
Special Ed. Class	<input style="width: 80px; height: 15px;" type="text"/>	<input style="width: 80px; height: 15px;" type="text"/>

Growth potential for Christian education agencies:





**THIS PAGE IS TO BE ENCLOSED WITH OTHER CALL DOCUMENTS WHEN REQUESTING A CANDIDATE THROUGH THE BOARD OF ASSIGNMENTS OR COLLOQUY.**

**THIS SECTION IS TO BE COMPLETED BY THE CALLING ENTITY.**

\_\_\_\_\_  
(Call Position)

\_\_\_\_\_  
(Calling Body)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

\_\_\_\_\_  
(Calling Body Administrator) (Title/Position) (Date)

**THIS SECTION IS TO BE COMPLETED BY THE RECEIVING DISTRICT PRESIDENT.**

I hereby approve of this request for placement through the Board of Assignments:

\_\_\_\_\_  
(District President's Signature) (Date)

**THIS SECTION IS TO BE COMPLETED BY THE DIRECTOR OF PLACEMENT.**

This is to verify that:

Ms.

Mrs.

Mr. \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(Name of candidate) (City) (State)

a  Synodical Graduate I. D. No. \_\_\_\_\_ a  Colloquy Candidate

of \_\_\_\_\_  
(Name of placing institution) (Expected date of program completion)

has been extended a divine call by the entity listed above. I hereby request placement through the Board of Assignments.

\_\_\_\_\_  
(Signature, Director of Placement) (Date)

\_\_\_\_\_  
(Institution) (Location)

Once signed by the Director of Placement, this form is to be sent to the Board for University Education for processing.

**THIS FORM IS TO BE MAILED TO THE PRESIDENT OF THE DISTRICT TO WHICH YOU ARE GOING.**

To be completed by newly called graduates and by persons called from the field.

\_\_\_\_\_  
Ms.-Mrs.-Mr. Full Name Telephone

\_\_\_\_\_  
Address where you can be reached prior to arrival at new position

\_\_\_\_\_  
Position you are leaving Congregation or Organization

\_\_\_\_\_  
City State Synodical District

\_\_\_\_\_  
Newly Accepted Position Congregation or Calling Body

\_\_\_\_\_  
City State Approximate Arrival Date

\_\_\_\_\_  
If newly called graduate: Graduate of \_\_\_\_\_ University

\_\_\_\_\_  
City State Date of Graduation or Date of Colloquy

I herewith apply for membership with your District.

\_\_\_\_\_  
Signature Date

**THIS FORM IS TO BE MAILED TO YOUR COLLEGE/UNIVERSITY DIRECTOR OF  
PLACEMENT.**

To be completed by newly called graduates indicating acceptance of placement.

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Ms.-Mrs.-Mr.	Full Name	Maiden Name
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---

Address prior to arrival at new position	Telephone
--	-----------

---

Date of Graduation or Completion of Colloquy	Position Accepted	Starting Date
---	-------------------	---------------

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Congregation or Calling Body	City	State
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Please send a notice to the President of the District to which I have been called authorizing permission for my installation.

A copy of my personal letter of acceptance to the calling body (will be/has been) sent to your office.

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Signature	Date
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**THIS FORM IS TO BE MAILED TO THE PRESIDENT OF THE DISTRICT WHICH YOU ARE LEAVING.**

**It should also be completed when changing positions within the same District.**

To be completed by persons called from the field

\_\_\_\_\_  
Ms.-Mrs.-Mr.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address where you can be reached prior to arrival at new position

\_\_\_\_\_  
Position you are leaving

\_\_\_\_\_  
Congregation or Organization

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Approximate Leaving Date

\_\_\_\_\_  
Newly Accepted Position

\_\_\_\_\_  
Congregation or Calling Body

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Synodical District

Please transfer my synodical membership to the District specified above.

Please send a notice of authorization of my installation to the respective President of my new District.

Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS FORM IS TO BE MAILED IMMEDIATELY AFTER YOU KNOW YOUR NEW ADDRESS TO THE DEPARTMENT OF ROSTERS AND STATISTICS**

To be completed by newly called graduates and persons called from the field

\_\_\_\_\_  
Ms.-Mrs.-Mr. Full Name Maiden Name

\_\_\_\_\_  
New Permanent Address

\_\_\_\_\_  
Birth Date Newly called graduate \_\_\_\_\_  
Called from field \_\_\_\_\_

\_\_\_\_\_  
Telephone Social Security No. \_\_\_\_\_

\_\_\_\_\_  
Newly Accepted Position Congregation or Calling Body

\_\_\_\_\_  
City State Synodical District

Tenured \_\_\_\_\_ Non-tenured: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Period of service Subject to renewal?

\_\_\_\_\_  
Previous position if called from field Congregation or Organization

\_\_\_\_\_  
City State Synodical District

Baccalaureate Degree Year \_\_\_\_\_ College \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
or Colloquy: M. A. Degree?

I have notified the appropriate District Presidents regarding my new position: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send to:  
Department of Rosters and Statistics  
The Lutheran Church-Missouri Synod  
1333 South Kirkwood Road  
St. Louis, MO 63122-7295

Send a copy of this form to the District President/District Education Executive.