



Southwestern Texas Synod
Evangelical Lutheran Church in America
 God's work. Our hands.
Roster Change & Database Information

_____ *Date*

Dear Bishop Tiemann,

I have accepted the call extended to me by _____

_____ *Signature*

Does accepting this call require a transfer out of Synod? Yes No

Name: _____

Marital Status:

Married Single Divorced Widowed

Marriage Date: _____

Divorce Date: _____

Spouse Name: _____

Birth Date: _____
Rostered Leaders Birth Date

Previous Congregation/Org & Address

_____ *Congregation/Org & ID #*

_____ *Address*

_____ *City, State & Zip Code*

Position: _____

Departing Date: _____

New Home Address: (If unknown, advise the synod office as soon as possible. Mail will be sent to your office unless otherwise specified.)

_____ *Address*

_____ *City, State & Zip Code*

_____ *Phone: Home or Cell*

Information:

Social Security # _____

Date of Ordination: _____

Commissioning or Consecration Date: _____

E-Mail Address: (**Only One** address which the Synod uses to communicate with you)

New Congregation/Org & Address

_____ *Congregation/Org & ID #*

_____ *Address*

_____ *City, State & Zip Code*

Position: _____

Start Date: _____

Installation Date: _____

NOTE:
WITHOUT THIS FORM, PAPERWORK
WILL NOT BE PROCESSED

Return as soon as possible to:
 Southwestern Texas Synod
 1090 Oestreich Drive, Seguin, TX 78155