



Communication Update Form

Please list any new or updated contact information.

Check the box for your preferred mailing address, phone number, and email address. The three checked as preferred will be listed in our rostered minister directory located on our website and will be used for the communications from the synod office.

Date: _____

Preferred Contact

Personal Information

First name	
Middle name	
Last name	
Preferred name	
<input type="checkbox"/> Minister of Word and Sacrament	<input type="checkbox"/> Minister of Word and Service
Home address	<input type="checkbox"/>
City/State/Zip	
Home phone	<input type="checkbox"/>
Mobile/cellular phone	<input type="checkbox"/>
Personal e-mail address	<input type="checkbox"/>
Birthday (MM/DD/YYYY)	
Baptism (MM/DD/YYYY)	
Ordination (MM/DD/YYYY)	
Rostered in <input type="checkbox"/> Virginia Synod	<input type="checkbox"/> Another Synod: (Please list Name of Synod)

Congregation/Organization Information

(Retired ministers can skip to the Retired Rostered Minister section)

Preferred Contact

Current Status:	
<input type="checkbox"/> Serving	<input type="checkbox"/> On Leave from Call
<input type="checkbox"/> Special Call	<input type="checkbox"/> Medical Leave
Congregation Name	
Mailing Address	<input type="checkbox"/>
City/State/Zip	
Physical Address	<input type="checkbox"/>

(if different than mailing address)

City/State/Zip

Work phone

Work e-mail address

Call/Title

Website

Comment Section

If you need additional space to provide further information or clarification on your congregation or organization, please do so below:

Preferred
Contact

Retired Rostered Minister Information

Current Status: Retired Retired and Serving

Name of congregation where you are a member

Name of congregation where you are currently attending

Name of congregation where you are currently serving

Mailing Address

Physical Address
(if different than mailing address)

City/State/Zip

Work phone

Work e-mail address

Call/Title

Comment Section

If you need additional space to provide further information or clarification on your retired status, information on where you are currently serving, or where you are currently a member, please do so below:

Family Information

Spouse's Full Name
Spouse's Birthday (MM/DD/YYYY)
Spouse's Phone
Spouse's Email
Date Married (MM/DD/YYYY)

Children:	
Name	Birthdate
Name	Birthdate
Name	Birthdate
Name	Birthdate

"The Virginia Synod will never share your personal contact information with any outside agencies or third-party companies."

This form can be mailed to:

Eastern Office of the Bishop
Lena Osmondson
1301 Colley Avenue
Norfolk, VA 23517

or emailed to: osmondson@vasynod.org