

***Please read these instructions before your proceed!***

## Instructions for filling out this form

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. Adobe Reader may be downloaded for free at <http://get.adobe.com/reader>.

### USE **ONLY** ADOBE READER

Please do **not** complete this form using other PDF readers than Adobe Reader. Please don't complete this form using Apple Preview. If you use Preview, some features such as saving your completed document may be unavailable, or responses won't be visible when they are submitted. Use Adobe Reader; this free application may be downloaded at <http://get.adobe.com/reader>.

### USE THE MOST RECENT VERSION OF ADOBE READER

While we attempt to make forms backward compatible, for the best results, use the most recent version of Adobe Reader, available for free download at <http://get.adobe.com/reader>.

### DO **NOT** COMPLETE THIS FORM FROM WITHIN A BROWSER

Do **not** complete this form within a web browser. If you are viewing this form from within a web browser, please go back to the original document link and save the PDF file to your computer. To do this with a PC, right-click on the document link and select either "Save Target As" or "Save Link As" and save. On a Mac, use Command-Click to save locally. If you try to complete this form from within a browser, some features such as saving your completed document may be unavailable. If after saving the file on your hard disk, you click to open the document and it *still* opens in a browser, you may have to open Adobe Reader as your first step, and then browse your hard disk to find the form file to open.

### FILLING IN THE FORM

This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may be prompted to save with a different file name; you may name your file anything you want. If you include your name in the file name, that will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved.

### STILL HAVING TROUBLE FILLING OUT AND SAVING THIS FORM?

If you are still having trouble completing and saving this form, please contact the churchwide unit responsible for the form.



## APPLICATION FOR REINSTATEMENT TO THE ROSTER OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA

Name: \_\_\_\_\_  
LAST NAME FIRST NAME/GIVEN NAME M.I. TITLE

Leader Key: \_\_\_\_\_

Roster to which you seek reinstatement: \_\_\_\_\_

Synod to which you are applying for reinstatement: \_\_\_\_\_

### CHURCH SERVICE HISTORY AND REINSTATEMENT PREFERENCES:

Date of Entry to Last Roster: \_\_\_\_\_ Roster: \_\_\_\_\_  
MM/DD/YYYY

Date Left Last Roster: \_\_\_\_\_ Roster: \_\_\_\_\_  
MM/DD/YYYY

Place: \_\_\_\_\_  
PLACE OF THE RITE OF ENTRY MM/DD/YYYY

Church Body: \_\_\_\_\_

Member of ELCA (or predecessor church body) since: \_\_\_\_\_  
MM/DD/YYYY

Synod Bishop while in most recent rostered service:

Name: \_\_\_\_\_  
LAST NAME FIRST NAME/GIVEN NAME M.I. TITLE

Synod Address: \_\_\_\_\_  
CITY STATE POSTAL CODE

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is there any reason why this person should NOT be contacted?  Yes  No

If yes, please explain.

1. State why you seek to serve on the roster of the Evangelical Lutheran Church in America, including the theological rationale for service in this church.

2. State the reason(s) for your removal from rostered ministry.

3. State the reason(s) for requesting reinstatement to the roster with special focus upon what has changed in your life (faith, attitudes, circumstances) since the time of your removal or resignation.

4. A new Candidacy Application must be submitted.  (Required)

5. Roster Minister Profile (RMP) must be submitted.  (Required)

**I hereby apply for reinstatement to a roster of the Evangelical Lutheran Church in America.**

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SIGNATURE

PRINT NAME: FIRST AND LAST

MM/DD/YYYY

**Please mail form to synod office.**