



CHAPLAIN REPORT FORM

REPORT IS DUE ANNUALLY IN THE MONTH OF YOUR BIRTH

Send to Rev. Christopher Offen (Christopher.Offen@ELCA.org), Michael Sonnenberg (Michael.Sonnenberg@ELCA.org) and your Synod Bishop.

CHAPLAIN NAME (include title and/or rank)		DATE OF REPORTING
Department of Defense	Branch:	Component:
Coast Guard Auxiliary Chaplain Support	Secret Service	Civil Air Patrol
Federal Bureau of Prisons	Veterans Affairs	Non-Federal Chaplaincy <i>Insert the type of chaplaincy you serve (i.e. hospital, hospice, state prison, etc.)</i>
Federal Bureau of Investigations	Immigration and Customs Enforcement	

CONGREGATION OF MEMBERSHIP & LOCATION			
PERSONAL EMAIL		WORK EMAIL	
HOME PHONE	MOBILE PHONE	WORK PHONE	
ROSTERED SYNOD		GEOGRAPHIC SYNOD	
HOME ADDRESS (Street, City, State, Zip)			
CURRENT WORK NAME & ADDRESS (Street, City, State, Zip)			
UNIT ADDRESS (DOD CHAPLAINS ONLY)			
SPOUSE/PARTNER NAME		SPOUSE/PARTNER PHONE	
SPOUSE/PARTNER ADDRESS (Street, City, State, Zip)			
CHILDREN NAMES AND YEARS OF BIRTH			

Use this space to report ministries, concerns, promotion or non-selection for promotion, awards, family changes (ie birth, death, marriage, divorce, etc.), change in assignment, or anything else that would help this office be informed concerning your life.