



**Northwest Synod of Wisconsin
Evangelical Lutheran Church in America**
God's work. Our hands.

**Synodically Authorized Ministry Request for
Synodically Authorized Ministry**

Name of Congregation: _____

Location: _____

____ We request synodically authorized ministry.

_____ Specific date(s) for authorization

_____ Type of worship service(s) (Sunday, midweek, funeral), times

____ Our congregation requests that the bishop assign a synodically authorized minister.

OR

____ Our congregation requests that the bishop authorize _____, who is a synodically authorized minister.

____ Our congregation contacted the following ELCA pastors and none of them is available to serve:

____ Our congregation contacted the following pastors from full communion partner churches and none of them is available to serve:

____ Our congregation prayerfully considered the following before making this request

____ Adjusting the worship time or communion schedule to make it possible for a neighboring pastor to preside.

____ A service without Holy Communion.

_____ Signature of Council Officer
_____ Title (President, VP, Secretary,
_____ Pastor
_____ Date