

The Diocese of Arizona



**Due to Bishop the Month of Deacon's Birthday
Submit Report to the Archdeacon**

Birth Month: _____ **Submission Date of Report:** _____

NAME: _____

ADDRESS: _____ **APT:** _____

CITY/TOWN: _____ **AZ** **ZIP:** _____

PREFERRED PHONE CONTACT #: _____

Is the above number your: Home ____ Mobile: ____ Is texting ok? Yes or No

Email address: _____

Ordination Year: _____

Present status: Active: ____ Inactive: ____ Sabbatical: ____ On Leave: ____

Parish: _____

Address: _____

City/Town: _____

Date Assigned: _____ **Rector/Vicar/Chaplain:** _____

Hours of commitment as Deacon: ____ **Hours of commitment other [e.g. Admin]:** ____

Ministry[ies] _____

Location of ministries: _____

Continuing Education [include date, location and name]:

Diocesan Committees, Appointments including dates:

Below include activities of the year, positive and negative concerns, successes, interesting aspects of ministry, changes in ministry, personal perspective, hopes, plans, etc. for the coming year. If you wish to write a longer report, attach another sheet to this form.

Secular Employment

Secular Employment: _____

Address, City, State, Zip: _____