



Diploma of Vocation Supervising Pastor

In the Name of the Father and of the Son and of the Holy Spirit. Amen.

TO: _____ of _____
Supervising Pastor's Name Supervising Pastor's Congregation

Having called on the Lord our God for guidance and in the exercise of the authority that has been vested in us, we, the members of _____ Lutheran Church of _____
Have elected you to exercise the office of oversight (episcopate) in our congregation and to supervise the work of the layman contracted by us to serve as Deacon. _____
Layman serving as Deacon

We request that you assume this responsibility and fulfill it in accordance with the provisions of:

1. *A Policy Concerning the Use of Deacons in the Michigan District;*
2. *Deacon License Requirements of the Michigan District of the Lutheran Church-Missouri Synod;*
3. *Guidelines for a Pastor Supervising the Work of a Deacon in the Michigan District.*

For these services the congregation agrees to provide the following remuneration:

Other considerations of this agreement include:

This contract may be terminated by either party with 60 days notice.

Signatures (please print and sign names):

Congregation President: _____

Congregation Secretary: _____

Supervising Pastor: _____

Consent of the Supervising Pastor's congregation permitting him to accept this Diploma of Vocation.

Congregation President: _____

Congregation Secretary: _____

Supervising Pastor: _____

Date: _____

Note: Please return original documents to the District Office. Copies of the completed and signed document will be made available to: Supervising Pastor (original); District President; Contracting Congregation.