

**SPECIFIC MINISTRY PASTOR
ANNUAL SUPERVISING PASTOR VERIFICATION**



Name: _____

Church Name: _____

Church City: _____

Supervising Pastor Name: _____

Church Name: _____

Supervising Pastor Phone Number: _____

Supervising Pastor Email: _____

Specific Ministry Context

List your continuing education experiences:

Signature

Date

**Please complete and submit this form to
Martha Wohlfeil via the button above
Or mail to:
Office of the President
Michigan District - LCMS
3773 Geddes Rd.
Ann Arbor, MI 48105**