

**DEACON'S ANNUAL REPORT TO
Assisting BISHOP & INTERIM DIRECTOR OF DEACONS
Episcopal Diocese of Albany**

Name:

Birthdate:

** This form is to be completed & submitted on or before the deacon's birthday each year**

Please provide highlights of your past year in the following areas:

Joys of Ministry:

Family:

Relationship with Rector/Vestry/Wardens/Parish:

Spiritual Life:

Other:

Concerns/Challenges:

I am over 72, and request permission to continue serving in active ministry for the coming year.

If you need to meet with the Assisting Bishop and/or Interim Director of Deacons or believe action needs to be taken, please indicate below:

I need to speak directly with _____ regarding the following concern(s):

I believe the following action needs to be taken:

Signed: _____

Date: _____