

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

Name:

Birthdate:

****This form is to be completed & submitted during the season of Epiphany ****

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 Bishop and/or 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: _____