

2023 Annual Report to the Bishop

Name _____ ☐ *mark if new contact information*
Address _____
City/State _____ Zip _____
Office telephone _____ Home telephone _____
Cellular telephone _____ Preferred E-mail _____
Occupation/Current Employment _____

Did you exercise your ordained ministry during the year stated above? ☐ Yes ☐ No

If you answered YES, please summarize your ministry during the past year: (approximate numbers)

Records at Parish	<input type="checkbox"/>	<i>(if records at parish, check box & skip to next question)</i>	
Celebration of Holy Communion	_____	Number of Sermons	_____
Assistant at Holy Communion	_____	Counseling Sessions	_____
Morning and Evening Prayer	_____	Lectures	_____
Baptisms	_____	Hospital Visits	_____
Presented for Confirmation	_____	Pastoral Visits	_____
Marriages	_____	Church Meetings	_____
Burials	_____	Other	_____
Other Services	_____		

If you answered NO, please state the reason(s) which prevented you from exercising your ministry:

☐ I am Retired ☐ Other (please explain): _____
☐ I had health issues _____

What church do you regularly attend? _____

Do you pledge to that church? Yes ☐ No ☐

Do you have a ministry with any parish/rector? _____

If you are assisting in a parish or mission, please describe your work: _____

Signature _____ **Date** _____

Please return this form by January 31, 2024 to:

Episcopal Church House
Attn: Emily Blecksmith
Mount Saint Alban
Washington, DC 20016