

**The Anglican Diocese of the Great Lakes**

The Rt. Rev. Mark A. Engel - Bishop

**RETIRED CLERGY STATUS FORM**

Name of Clergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Order: Priest Deacon

Brief Description of Reason for Retirement: age, health, family needs, etc.

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Effective Date of Retirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would Clergy desire to maintain an active license to be of occasional service to the Diocese or to a Congregation:

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

***\_\_\_\_\_\_\_\_\_ I acknowledge that in order for me to be licensed for active ministry all required***

 ***trainings, endorsements, and background checks are complete and filed.***

Can Diocese be of any assistance to the Clergy person, if so, in what manner:

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 Signature of Clergy Person Date

Approval and acknowledgment of Bishop:

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The Rt. Reverend Mark Engel Date