



Southwestern Minnesota Synod
Evangelical Lutheran Church in America

REQUEST RETIREMENT ON THE ROSTER OF THE ELCA

Date: _____

Name: _____

Current Address: _____

Cell Phone: _____

Email: _____

Date of Retirement: _____

Contact Information changes *following retirement* if any:

Address: _____

Cell Phone: _____

Email: _____

Comments: _____

Signature of Rostered Leader

Today's date

Complete and return this form to: tammy.schacher@swmnelca.org or Southwestern Minnesota Synod
Attn: Tammy Schacher
PO Box 499
Redwood Falls, MN 56283