

2016 Mission Partnership Information Checklist
Southeastern District, LCMS

1. Your full name, address, email, Facebook and other important contact information?
2. Mission/ Congregation's official name, address, website? If the congregation has been incorporated with the State, please attach a copy of the documents.
3. Reason for joining the Southeastern District?
4. Denomination or faith background and name where you hold membership in a local congregation?
5. Theological training background?
6. How long have you been in ministry/ mission?
7. What is your ministry's vision?
8. How do you describe your leadership understanding and style?
9. Describe your and the mission group/ congregation's financial status to maintain mission engagement?
10. Your mission group/ congregation's dominant language or cultural affiliation?

11. Do you approve that the Southeastern District publish communication such as faith-sharing stories, biographical information, and news about you, your family, and the mission group that you are serving? Yes ___ No ___

12. Please start sending news with a picture and a paragraph of events, baptisms, celebrations and mission work to MissionStories@se.lcms.org .

13. Include an individual and family picture with this form.

Return this form and photo files to MissionStories@se.lcms.org or contact Rev. Brent Smith at bsmith@se.lcms.org.