Diocese of Central Florida

Annual Report for License for One Year

Please download and email the completed form to <u>licensing@cfdiocese.org</u> or mail a hard copy to Diocese of Central Florida, 1017 East Robinson Street, Orlando, FL 32801, Attn: Annual Deacon Report

Full Name:		
Date of Birth:		
Spouse's Name:		
Address includin	g city, and zip code.	
Email:		
Phone Number:		
Year of Ordination	n:	
Church you are c	urrently assigned to:	

As part of your Annual Report, it's essential that you schedule a meeting with your Rector/Vicar/Priest-in-Charge. This meeting serves as an opportunity to reflect on the past year's accomplishments, address any challenges encountered, and set goals for the upcoming year.

Rector/Vicar/Priest-in-Charge may be contacted to provide feedback.

List Continuing Education and summary below: (How was it beneficial to your ministry?)

Describe your ministry inside the church.

Describe your ministry outside the church.

Do you wish to discuss your assignment with the Archdeacons?

Signature:

Date:

Note: By signing this form, you certify that the information is correct and (where appropriate) are applying for a renewal of your license to function as a priest in the Diocese of Central Florida and/or wish to remain in your present tenure. You are also certifying compliance with the completion of required training in the prevention of sexual misconduct against both children and adults.