



Alaska Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Synodically Authorized Minister (SAM) Candidate Information

PLEASE PRINT OR TYPE

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Ste/Unit#*

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Birth date: _____

Employment Information

Employer: _____

E-mail Address: _____ Work phone: _____

OK to call at work? Yes () No ()

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Ste/Unit#*

Home Phone: _____ Alternate Phone: _____

Relationship: _____

This form will be placed in your SAM candidate file. It is for contact information only and will be kept confidential. Please send to:

Alaska Synod ELCA
SAM Program
1847 W. Northern Lights Blvd. #2
Anchorage, AK 99517-3343