**Nomination of Pastor for Consideration by Hope Lutheran Church, Fond du Lac**

 **for the Office of Pastor**

South Wisconsin District, The Lutheran Church—Missouri Synod

*(Members of the congregation who wish to suggest names of pastors to be considered for our call list are asked to complete this form. When it is completed, please give it to an elder or to the chairman of the call committee. It will be forwarded to District President Rev. Dr. John C. Wille. Please include your name at the bottom of the form; otherwise it cannot be recognized as valid.)*

1. Having carefully and prayerfully considered the pastoral needs of our congregation, I wish to nominate the following pastor as a candidate to be considered for a call to our church:

 Name: (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*(Please check The Lutheran Annual for the correct spelling and address!)*

2. I believe this pastor will be good for our congregation for the following reasons:

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3. Please state whether you know him personally, where, and for how long a time.

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4. If you do not know him personally, please state the source of your information, or the basis on which you are making your nomination:

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*Jesus said to His disciples, "The harvest is plentiful, but the laborers are few.*

*Pray therefore the Lord of the harvest to send out laborers into His harvest." (Matthew 9:37−38)*

**We are praying that God will give our congregation another faithful pastor.**

Name of person making nomination (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_congregation

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(state) \_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you, from President Rev. Dr. John C. Wille, South Wisconsin District, LCMS