

7.8.7 REQUEST FOR REINSTATEMENT ON THE ROSTER OF THE LCMS

To: South Wisconsin District, The Lutheran Church—Missouri Synod

From: (Applicant's Name) _____

After careful and indeed prayerful consideration, I am requesting reinstatement as a

- ☐ Minister of Religion—Ordained
- ☐ Minister of Religion—Commissioned

according to the process outlined in the *Handbook* of The Lutheran Church—Missouri Synod.

It is my understanding that my request for reinstatement will include:

- ✓ A study of the nature of my removal from the roster as well as any and all information related to my present status.
- ✓ Permission to submit written documents to the **South Wisconsin District** that will be used in considering my request.
- ✓ Permission to encourage others to write on my behalf to the Secretary of the Synod following announcement of my application for reinstatement in *The Lutheran Witness* or *Reporter*.
- ✓ A background check performed, the cost of which I agree to pay.
- ✓ The possibility of an interview by a committee appointed by the district president or the chairman of the council of presidents in accordance with the process for reinstatement adopted by the council of presidents.
- ✓ Availability for review and consideration by the members of the interview committee any and all information contained in my **South Wisconsin District** personnel file, as well as any information contained in any district files related to my removal from the roster.
- ✓ A formal letter from the president of the **South Wisconsin District** informing me of the status and outcome of my request.

It is my personal prayer that I will be able to be reinstated and respectfully request consideration of my status.

Signature of applicant

Signature of witness

Date: _____

Date: _____

7.8.8 APPLICATION FOR REINSTATEMENT OF INDIVIDUALS INTO MEMBERSHIP OF THE LUTHERAN CHURCH—MISSOURI SYNOD

Ordained Minister _____ Commissioned Minister _____

Name (First, Middle, Last): _____

Name when rostered status was terminated: _____

Address (Street, City, State, Zip) _____

Telephone: _____ E-mail address: _____

District: _____

(Application must originate in District where membership was held when termination occurred.)

District President's Name: _____

District President's Address: _____

LCMS congregation in which applicant currently holds communicant membership: _____

Applicant's Pastor: _____

School and year of graduation (colloquy): _____

Last place of service: _____

Date of termination of membership: _____

Date of this application: _____

Reason for termination: _____

Reason(s) for requesting reinstatement* _____

Number of times applicant has requested reinstatement, including this one: _____

Applicant's Signature _____ Date: _____

*Personal appearances before the Council are not granted. However, any written statement prepared by the applicant on his/her own behalf will be shared with the Council of Presidents if sufficient copies are provided for distribution.

Bylaw 2.18 - Reinstatement of Individuals into Membership

2.18.1 Any person who at any time has held membership in the Synod but has resigned that membership, or whose membership in the Synod has been terminated, is eligible to seek reinstatement into membership. However, there is no inherent right to membership in the Synod, and the decision as to whether to accept or deny a request for reinstatement shall be at the sole discretion of the Council of Presidents.

Applications

2.18.2 Procedures for investigating and processing requests for reinstatement shall be the responsibility of the Council of Presidents.

(a) All applications by individuals for reinstatement into membership in the Synod shall be addressed to

the president of the district in which the applicant last held membership.

(b) The president of the district shall review the matter and shall ordinarily make a recommendation to the Council of Presidents but may be excused by the council from making such a recommendation where circumstances warrant.

(c) A decision to reinstate shall require an affirmative vote of at least 75 percent of the Council of Presidents present and voting, and shall be by written ballot.

(d) If the applicant is reinstated, the district president shall publish this fact in an official periodical of the Synod.

(e) A decision not to reinstate shall be unappealable, but the individual may reapply for reinstatement three or more years after his or her last preceding application has been denied.

Withdrawing from the Reinstatement Interview Process - Under normal circumstances the Council of Presidents has determined that once the reinstatement interview process has begun it will proceed to a vote of the Council. This is intended to prevent an individual who feels the interview is not going well from seeking a reset with a new committee. The Council will retain the right to make case-by-case determinations.

7.8.9 SUPPLEMENTAL INFORMATION FORM FOR REINSTATEMENT AND COLLOQUY APPLICANTS

- 1) List all names, variations, aliases used in the past
- 2) List all residences for the past seven (7) years
- 3) List all places of employment for the past seven (7) years, with employment references
- 4) List all jobs / positions lost for cause and include a letter authorizing the request of information and recommendations
- 5) List all other denominations / judicatories under which you have served. Include a letter authorizing the release of information by the denomination/judicatory
- 6) List all marriages (include names and dates)
- 7) List all divorces (include names and dates)
- 8) List all bankruptcies (include dates)
- 9) List all foreclosures (list dates)

- 10) List all civil proceedings, arrests, convictions, etc.
- 11) Letter of reference from your current parish pastor.
- 12) If applying for reinstatement, a letter of support from your spouse.
- 13) If applying for reinstatement and applicable, a report and recommendation from a Restoration Committee.

I hereby state that the above information is true, complete, and correct, and that errors or omissions are grounds for denying the status being sought.

Signature of Applicant

Printed Complete Name of Applicant

Date

Address (Street, City, State, Zip code)

Home phone no.

Cell phone no.

Email address

*Adopted September 2019
Revised November 2019
Reviewed April 2020*