



Application for

Diaconal

Renewal of License to Officiate after Retirement

Diocese of Southern Ohio

Please print

Name: _____

Address: _____

Phone: _____

E-mail address: _____

Date of Birth: _____

Spouse/Partner name: _____

Describe how you have exercised your ministry in the past year:

Signature: _____ Date: _____

Please return to:

Ann Sabo (asabo@diosohio.org) 412 Sycamore St., Cincinnati, OH 45202

Please contact us prior to your birthday month to have your license renewed for one year.