



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](mailto: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.*