Eastern District, LCMS
2021 District Convention
Voting Delegate Credentials

ONE FORM PER DELEGATE

*Completed form can be submitted electronically to **Ruth Marzano***

DELEGATE NAME: _____ _____ _____ _____

Title First Name M.I. Last Name

DELEGATE TYPE: *Please mark with an "X"*

☐ Pastoral delegate ☐ Lay delegate

☐ Alternate Lay Delegate

☐ Advisory—Non-Voting Delegate (Multi-Congregation Only)

DELEGATE REPRESENTS: *Please mark with an "X"*

☐ Single congregation ☐ Multi-congregations

DELEGATE'S CONTACT INFORMATION: Phone (____) _____ Email: _____

Mailing

Street/P.O. Box_____

City_____State_____ Zip_____

Physical Address: *(FEDEX/UPS packages)*

Street _____

City_____State_____ Zip_____

DELEGATE REPRESENTS THE FOLLOWING

Congregation Name:_____

City: _____ State: _____

Congregation Name:_____

Street:_____

City:_____ _____State:_____

CONGREGATION CERTIFICATION OF DELEGATE: ***(Requires two congregation officers' physical or electronic signatures.)***

Congregation officer signature:_____**Date:** _____

Congregation officer signature:_____**Date:** _____

CERTIFICATION OF ATTENDANCE: ***(for district use)*** **Date:** _____

_____ **District convention registration** **District secretary signature:** _____