Eastern District, LCMS 2022 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"	DELEGATEREPRESENTS: Please mark with an "X"
Pastoral delegate Lay delegate	Single congregation Multi-congregations
Alternate Lay Delegate Advisory—Non-Voting Delegate (Multi-Congregation	on Only)
DELEGATE'S CONTACT INFORMATION: Phone ()Email:
Mailing	Physical Address: (FEDEX/UPS packages)
Street/P.O. Box	Street
CityStateZip	CityStateZip
DELEGATE REPRESENTS THE FOLLOWING	
Congregation Name:	Congregation Name:
City: State:	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: