

# 13th All-American Council Registration

PARISH, COMMUNITY OR INSTITUTION	DIOCESE	CITY, STATE/PROVINCE
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<b>Clergy</b>	<b>Alternate</b>
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NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE
SIGNATURE <span style="float: right;">DATE</span>

The following person has been duly selected as an alternate for the Thirteenth All-American Council. His/her signature attests that he/she has read the statute of the Orthodox Church in America concerning the qualifications of delegates to the All-American Council and hereby state that he/she is in compliance with the Statute requirements.

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE
SIGNATURE <span style="float: right;">DATE</span>

### Additional Clergyman

Additional full-time priests assigned to your parish or community. (You may duplicate this form if necessary).

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE
SIGNATURE <span style="float: right;">DATE</span>

### Additional Delegates and Alternates

If additional full-time priests are assigned to your parish or community, a corresponding number of delegates and alternates, meeting the requirements as stated above for delegates, may be selected to attend the All-American Council. (You may duplicate this form if necessary)

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE
SIGNATURE <span style="float: right;">DATE</span>

## Delegate

The following person has been duly selected as a delegate for the Thirteenth All-American Council. His/her signature attests that he/she read the Statute of the Orthodox Church in America concerning the qualifications of delegates to the All-American Council and hereby state that he/she is in compliance with the Statute requirements.

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE
SIGNATURE <span style="float: right;">DATE</span>

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE
SIGNATURE <span style="float: right;">DATE</span>

# 13th All-American Council Registration

## Observer

the following person(s) has been selected as an observer(s) for the 13th All-American Council. His/her signature attests that he/she has read the Statute of the Orthodox Church in America and the Observer Qualifications established by the Holy Synod concerning the qualifications for observers to the All-American Council and hereby states that he/she is in compliance with the Statute and Qualifications requirements.

NAME	YOUNG ADULT OBSERVER(AGES 18-25)
ADDRESS	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE	
PHONE	
SIGNATURE	DATE

NAME	YOUNG ADULT OBSERVER(AGES 18-25)
ADDRESS	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE	
PHONE	
SIGNATURE	DATE

NAME	YOUNG ADULT OBSERVER(AGES 18-25)
ADDRESS	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE	
PHONE	
SIGNATURE	DATE

### For Chancery use:

NAME	AMOUNT PAID	RECEIPTS	DATE
1.			
2.			
3.			

## Community Certification

The delegate(s), alternate(s), observer(s) on this official statement are confirmed by us as persons meeting the requirements of the Orthodox Church in America for participation at the All-American Council.

SIGNATURE OF RECTOR	DATE
SIGNATURE OF PARISH/INSTITUTION SECRETARY	DATE

This document and appropriate financial obligations must be forwarded by **June 1, 2002** to: Orthodox Church in America Preconciliar Commission, PO Box 675, Syosset, NY 11791-0675. The Commission will forward the document to the diocesan bishop for his approval and signature. If approval should be denied, you will be duly notified.

## Diocesan Certification

The delegate(s), alternate(s), observer(s) on this official statement are confirmed by me as persons meeting the requirements of the Orthodox Church in America for participation at the All-American Council.

SIGNATURE OF DIOCESAN BISHOP	DATE
REMARKS	

## Preconciliar Certification

2001 ASSESSMENT	DATE
ALL-AMERICAN COUNCIL ASSESSMENT	PARISH MEMBERSHIP
RECEIPT #	DATE
SIGNATURE OF TREASURER	DATE
SIGNATURE OF CHANCELLOR	DATE

REMARKS