



14th All-American Council Registration

PARISH, COMMUNITY OR INSTITUTION	DIOCESE	CITY, STATE/PROVINCE
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Clergy Delegate

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE
SIGNATURE DATE

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 E-MAIL
SIGNATURE DATE

Lay Delegate

The following person has been duly selected as a lay delegate for the 14th 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 states that he/she is in compliance with the Statute requirements.

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE E-MAIL
SIGNATURE DATE

Alternate Delegate

The following person has been duly selected as an alternate delegate for the 14th 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 states that he/she is in compliance with the Statute requirements.

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE E-MAIL
SIGNATURE DATE

Additional Delegates & 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 14th All-American Council. (You may duplicate this form if necessary)

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE E-MAIL
SIGNATURE DATE

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE E-MAIL
SIGNATURE DATE



14th All-American Council Registration

Community Certification

The delegate(s) and alternate(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 RECTOR	DATE
SIGNATURE OF PARISH/INSTITUTION SECRETARY	DATE
REMARKS	

Diocesan Certification

The delegate(s) and alternate(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	

Mailing Instructions

This document and appropriate financial obligations must be forwarded by **June 15, 2005** to:

Orthodox Church in America
Preconciliar Commission
PO Box 675
Syosset, NY 11791-0675

The Commission will forward this document to the diocesan bishop for his approval and signature. If approval should be denied, you will be duly notified.

Preconciliar Certification

2004 ASSESSMENT	DATE
ALL-AMERICAN COUNCIL ASSESSMENT	PARISH MEMBERSHIP
RECEIPT #	DATE
SIGNATURE OF TREASURER	DATE
SIGNATURE OF CHANCELLOR	DATE
REMARKS	