

16th All-American Council Delegate Registration

You may duplicate this form if necessary. Please type or print neatly. Thank you.

PARISH	DIOCESE	CITY, STATE/PROVINCE
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Clergy Delegate	
NAME	
ADDRESS	
CITY, STATE/PROVINCE	ZIP/POSTAL CODE
PHONE	
EMAIL	
SIGNATURE	
DATE	

Lay Delegate	
The following person has been duly selected as a lay delegate for the 16th 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 requirements of the Statute.	
NAME	
ADDRESS	
CITY, STATE/PROVINCE.	ZIP/POSTAL CODE
PHONE	
EMAIL	
SIGNATURE	
DATE	

Additional Clergy Delegate	
Additional priests <u>assigned</u> to your parish or community.	
NAME	
ADDRESS	
CITY, STATE/PROVINCE.	ZIP/POSTAL CODE
PHONE	
EMAIL	
SIGNATURE	
DATE	

Additional Lay Delegate	
The following person has been duly selected as a lay delegate for the 16th 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 requirements of the Statute.	
NAME	
ADDRESS	
CITY, STATE/PROVINCE.	ZIP/POSTAL CODE
PHONE	
EMAIL	
SIGNATURE	
DATE	

16th All-American Council Delegate Registration

Alternate Lay Delegate

The following person has been duly selected as an alternate lay delegate for the 16th 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 requirements of the Statute.

NAME

ADDRESS

CITY, STATE/PROVINCE.

ZIP/POSTAL CODE

PHONE

EMAIL

SIGNATURE

DATE

Mailing Instructions:

This document must be mailed by **August 1, 2011** to:

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

The Commission will forward this document to the diocesan hierarchy for his approval and signature.

If approval should be in question or denied, you will be notified.

For office use only:

Preconciliar Certification

2010 ASSESSMENT	DATE
ALL-AMERICAN COUNCIL ASSESSMENT	DATE
RECEIPT NUMBER	DATE
REMARKS	

Community Certification

The delegate(s) and alternate(s) on this registration form are confirmed as persons meeting the parish 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 registration form are confirmed as persons meeting the requirements of the Orthodox Church in America for participation at the All-American Council.

SIGNATURE OF DIOCESAN HIERARCH

DATE

REMARKS

SIGNATURE OF TREASURER

DATE

SIGNATURE OF SECRETARY

DATE