THE LUTHERAN CHURCH
Missouri Synod

LCMS OFFICIAL REGISTRATION

For office use only:

Org. ID: _____

Ind. ID: _____

DISTRICT CONVENTION VOTING DELEGATE REGISTRATION

NOTE: *Congregation voting delegates in attendance at district conventions also serve as their congregation's voters in the electronic election of the Synod president four weeks prior to the 66th Regular Convention of The Lutheran Church—Missouri Synod in 2016.*

DELEGATE NAME: _____ _____ _____ **DISTRICT:** _____

First Name Middle Init. Last Name

VOTING SYSTEM SECURITY VERIFICATION QUESTION: ____/____ Month/Day of birth *(example: 08/05 is August 5)*

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

☐ Pastoral delegate ☐ Lay delegate

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

☐ Single congregation ☐ Multi-congregations

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

Mailing Address:

Street/P.O. Box _____

City_____ State_____ Zip_____

Physical Address: *(FEDEX/UPS packages)*

Street _____

City_____State_____ Zip_____

DELEGATE REPRESENTS THE FOLLOWING CONGREGATION(S): *(Please list additional congregations on the back of this form.)*

Congregation Name:_____

Street: _____

City: _____ State: _____

Congregation Name:_____

Street:_____

City:_____State:_____

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

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

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

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

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