

2021 DISTRICT CONVENTION VOTING DELEGATE ACCREDITATION

NOTES: This form is no longer filed with the LCMS Office of the Secretary but is provided for district use. It serves as the required "proper credentials" if provided by the district secretary and signed by two of the congregation's officers.

The completed and signed form may either be [uploaded here](#) - or mailed to the Southern District Office - or presented to the Southern District Secretary at the opening of the convention (Bylaw 4.2.2[a]). Scanned and electronic signatures are acceptable.

The voting delegates in attendance at district conventions no longer necessarily also serve as their congregation's voters in the electronic election of the Synod president four weeks prior to the 68th Regular Convention of The Lutheran Church—Missouri Synod in 2022. Congregations will directly register their voters with the LCMS Office of the Secretary at a later time, using materials and instructions to be provided directly to the congregations.

For office use only:

Org. ID: _____

Ind. ID: _____

DISTRICT INSTRUCTIONS

This form is to be completed for all voting delegates (pastoral and lay) to the Southern District Convention. Completion of this form is mandated by Synod Bylaw 4.2.2 (a). Please complete this form and obtain the two required congregational officer signatures. Scanned and electronic signatures are acceptable.

The completed and signed form may be [uploaded here](#) - or mailed to the Southern District Office (if mailed, no later than March 31, 2021) - or presented to the Southern District Secretary at the opening of the convention. Uploading or mailing the form will greatly expedite your check-in time at the convention.

You are not eligible to vote until this completed and signed form is submitted.

DELEGATE NAME: _____ **DISTRICT:** _____
First Name Middle Init. Last Name

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:

Physical Address: (FEDEX/UPS packages)

Street/P.O. Box _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

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

Congregation Name: _____

Congregation Name: _____

Street: _____

Street: _____

City: _____ State: _____

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: _____