

THIS CERTIFICATE IS FOR
THE NOVEMBER 2012 CONVENTION
AND MUST BE FILED NO LATER
THAN MARCH 11, 2012

THE DIOCESE OF LONG ISLAND

_____ **Church Name** _____

YOUR CHURCH IS ENTITLED TO

_____ **2** _____
Delegate(s) and Alternate(s) and Youth Delegate(s)

**CERTIFICATE OF ELECTION OF
DELEGATE(S) TO THE DIOCESAN CONVENTION
NOVEMBER 9-10, 2012**

(Before filling out Certificate, read Title II, Canon 4, Sec. II(b)(iii) of the Diocesan Canons)

That at a regular meeting of the Vestry or Bishop's Committee of _____ Church,
in the Town of _____, County _____ held according to law,
on the _____ day of _____, in the year of our Lord, 20____, the following person(s) were
appointed by the said Vestry or Bishop's Committee to be Lay Delegate(s) and Alternate(s) from said Church to
the Convention of the Episcopal Church in the Diocese of Long Island, to be held at the Melville Marriott Long
Island Hotel, Melville, New York, on Friday and Saturday, the Ninth and Tenth day of November, 2012, viz:

DELEGATE(S) - PLEASE PRINT

(All delegates **MUST** be domiciled within the Diocese)

(All Convention information and material will be emailed to Delegates who provide email addresses)

Name _____ Address _____

Telephone # _____ email address: _____

Name _____ Address _____

Telephone # _____ email address: _____

Name _____ Address _____

Telephone # _____ email address: _____

(Over)

ALTERNATE(S) - PLEASE PRINT

(Alternate Delegates will receive information and material regarding Convention directly from Delegates)

Name _____ Address _____

Telephone # _____ email address: _____

Name _____ Address _____

Telephone # _____ email address: _____

Name _____ Address _____

Telephone # _____ email address: _____

YOUTH(S) (under 18 years of age) - PLEASE PRINT

(All Convention information and material will be emailed to Youth Delegates who provide email addresses)

YOUTH DELEGATES MUST BE BORN AFTER NOVEMBER 11, 1994

Name _____ Address _____

Telephone # _____ email address: _____

Date of Birth _____

Name _____ Address _____

Telephone # _____ email address: _____

Date of Birth _____

That said DELEGATE(S) and said ALTERNATE(S) so appointed (is/are) confirmed Communicant(s) in good standing in the Episcopal Church, having domicile in the Diocese, and has/have been connected with said Church for twelve months.

Given under our hands, the _____ day of _____ A.D. 20_____

Printed Name & Signatures:

Rector/Priest in Charge (or Warden of vacant cures)

Clerk of the Vestry or Secretary of the Bishop's Committee

Completed certificates should be mailed to:

Secretary of Convention
Diocese of Long Island
36 Cathedral Avenue
Garden City, NY 11530