

This certificate is for the November 2024 Diocesan Convention, and must be filed no later than June 15, 2024

THE EPISCOPAL DIOCESE OF LONG ISLAND

CONGREGATION: _____

(Before filling out Certificate, read Title II, Canon 4, Sec. II(b)(iii) of the Canons of the Diocese of Long Island) **Number of Communicants in Good Standing (from Page 2, Line 3, 2022 Parochial Report)**

<i>Communicants in Good Standing (2018 Parochial Report, Page 2/Line 3)</i>	<i>Number to Elect</i>
0 – 300	1 delegate, 1 alternate
301 – 500	2 delegates, 2 alternates
501 and Above	3 delegates, 3 delegates

**CERTIFICATE OF ELECTION OF
DELEGATE(S) TO THE 158th
DIOCESAN CONVENTION NOVEMBER
15 and 16, 2024**

2

_____ # of Delegate(s) and Alternate(s) and _____ Youth Delegate(s)

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 on Friday, the fifteenth and Saturday, the sixteenth of November 2024, at a location to be determined. viz:

DELEGATES – PLEASE PRINT

(All delegates MUST be confirmed and domiciled within the Diocese)

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

1	NAME:	ADDRESS:
	PHONE:	E-MAIL:
2	NAME:	ADDRESS:
	PHONE:	E-MAIL:
3	NAME:	ADDRESS:
	PHONE:	E-MAIL:

Alternates, Youth Delegates and Guardians (OVER)

ALTERNATES – PLEASE PRINT

(Should they be unable to attend, Convention Delegates are responsible for transmitting received information to alternates)

1	NAME:	ADDRESS:
	PHONE:	E-MAIL:
2	NAME:	ADDRESS:
	PHONE:	E-MAIL:
3	NAME:	ADDRESS:
	PHONE:	E-MAIL:

YOUTH DELEGATES (UNDER 18 YEARS OLD) – PLEASE PRINT

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

YOUTH DELEGATES MUST BE BORN AFTER NOVEMBER 15, 2006

1	NAME:	ADDRESS:
	PHONE:	E-MAIL:
	DATE OF BIRTH:	
	NAME OF PARENT OR GUARDIAN:	
	PHONE OF PARENT OR GUARDIAN:	E-MAIL OF PARENT OF GUARDIAN:
2	NAME:	ADDRESS:
	PHONE:	E-MAIL:
	DATE OF BIRTH:	
	NAME OF PARENT OR GUARDIAN:	
	PHONE OF PARENT OR GUARDIAN:	E-MAIL OF PARENT OR GUARDIAN:

CERTIFICATION BY RECTOR/PRIEST IN CHARGE (WARDEN OF VACANT CURES)

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 my hand, the _____ day of _____ A.D. 20 _____

Print: _____ Sign: _____

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

The completed certificate should be emailed to **convention@dioceseli.org**