

This certificate is for the November 2022 Diocesan Convention, and must be filed no later than March 14, 2022

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, 2020 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 156th DIOCESAN
CONVENTION NOVEMBER 11 and 12,
2022**

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_____ # 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 Saturday, the eleventh and twelfth
day of November 2022, at the Cathedral of the Incarnation, Garden City, New York. viz:

DELEGATES – PLEASE PRINT

(All delegates MUST be domiciled within the Diocese)

All Convention information and materials 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 11, 2004

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)

Completed certificates should be emailed to convention@dioceseli.org