This certificate is for the November 2023 Diocesan

Convention, and must be filed no later than March 13, 2023

## THE EPISCOPAL DIOCESE OF LONG ISLAND

CONGREGATION:

(Bej	fore filling out Certificate, read Title II, Canol	n 4, Sec. II(b)(iii) of the (	Canons of the Dioce	se of Long
Islai	nd) Number of Communicants in Good Star	nding (from Page 2, Line	e 3, 2021 Parochial	Report)
	Communicants in Good Standing Parochial Report, Page 2/Line	· I Mum	ber to Elect	
	0 – 300	1 delegat	te, 1 alternate	_
	301 – 500	2 delegate	es, 2 alternates	<del>-</del>
	501 and Above	3 delegat	es, 3 delegates	_
	CERTIF	FICATE OF ELECTION OF	:	
	DELE	GATE(S) TO THE 157th		
	DIOCESAN	CONVENTION NOVEM	IBER	
		10 and 11, 2023		
				2
# of	Delegate(s) and Alternate(s)	and		Youth Delegate(s)
That at a regular meeting of the Vestry or Bishop's Committee ofChurch,				
in th	ne Town of, C	ounty	he	ld according to law,
Con		cese of Long Island, to Marriott Long Island, I ELEGATES – PLEASE PRINT	be held on Friday, Melville, New York.	the tenth and Saturday,
	<del></del>	UST be domiciled within t		anil addunana
	All Convention information and material NAME:	ADDRESS:	gates who provide en	nali addresses
1	NAME.			
	PHONE:	E-MAIL:		
2	NAME:	Address:		
	PHONE:	E-MAIL:		
3	NAME:	Address:		
	PHONE:	E-MAIL:		
	Alternates, Youth	n Delegates and Guardio	ans <b>(OVER)</b>	

## **ALTERNATES - PLEASE PRINT**

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

	(Should they be unable to attend, convention belegates are resp	onside for transmitting reserved information to alternates)			
1	NAME:	Address:			
	PHONE:	E-MAIL:			
2	NAME:	Address:			
	PHONE:	E-MAIL:			
	Name:	Address:			
3	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 10, 2005					
	Name:	Address:			
1	PHONE:	E-MAIL:			
	DATE OF BIRTH:				
	Name of Parent or Guardian:				
	PHONE OF PARENT OR GUARDIAN:	E-MAIL OF PARENT OF GUARDIAN:			
	NAME:	Address:			
2	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, theday of					
Print: Sign:					
Rector/Priest in Charge (or Warden of vacant cures)					

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