This certificate is for the November 2025 Diocesan

Convention, and must be filed no later than June 15, 2025

THE EPISCOPAL DIOCESE OF LONG ISLAND

Congregation:

| (Bej | fore filling out Certificate, read Title II, Canon | n 4, Sec. II(b)(iii) of the Canons of | the Diocese of Long | |
|---|--|--|------------------------------------|--|
| Islai | nd) Number of Communicants in Good Stan | ding (from Page 2, Line 11, 2024 | Parochial Report) | |
| | Communicants in Good Standing (Parochial Report, Page 2/Line | | | |
| | 0-300 | 1 delegate, 1 alterna | te | |
| | 301 – 500 | 2 delegates, 2 alterna | | |
| 501 and Above | | 3 delegates, 3 delega | tes | |
| | DELE(| ICATE OF ELECTION OF GATE(S) TO THE 158th CESAN CONVENTION MBER 14 and 15, 2025 | | |
| | | | 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 | he Town of, Co | ounty | held according to law, | |
| the | | e Diocese of Long Island, to be I | neld on Friday, the fourteenth and | |
| | All Convention information and material | | | |
| _ | NAME: | Address: | STOVIACA CITIAN AUGICOS | |
| 1 | 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)

| | (Should they be unable to attend, convention belegates are respe | misible for transmitting received information to afternates) | | | |
|---|--|--|--|--|--|
| 1 | NAME: | Address: | | | |
| | PHONE: | E-MAIL: | | | |
| | NAME: | Address: | | | |
| 2 | PHONE: | E-MAIL: | | | |
| 2 | 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 15, 2007 | | | | | |
| | | | | | |
| | 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 ofA.D. 20 | | | | | |
| Print:Sign: | | | | | |
| Rector/Priest in Charge (or Warden of vacant cures) | | | | | |
| | nector/i nest in charge for warden or vacant cures/ | | | | |

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