

The Episcopal Diocese of Pittsburgh

Certification of Lay Deputies

Mail to: Episcopal Diocese of Pittsburgh, 4099 William Penn Highway, Ste. 502, Monroeville, PA 15146

Return by June 30, 2014

Parish _____

Location _____ District Number _____

Each parish elects two deputies; larger parishes have additional deputies based on duly registered communicants. Deputies are elected as provided for in each parish's by-laws. Terms are for three years and begin on July 1. (See Canon II, enclosed.)

It is hereby certified that the following persons are authorized to represent the above-named church at the 149th Diocesan Convention meeting November 7 & 8, 2014.

This form must be signed by a Warden OR by two members of the Vestry.

Signed and dated: _____
Warden or Vestry member _____ Date _____

Printed name: _____

Signed and dated: _____
Second Vestry member (If not signed by Warden above) _____ Date _____

Printed name: _____

Please print clearly. Full information is required.

Lay Deputation Leader:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Second Deputy:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Parish _____

Location _____ District Number _____

Please print clearly. Full information is required.

Additional Deputies (IF parish qualifies):

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Please make additional copies of this page if necessary.

Parish _____

Location _____ District Number _____

Please print clearly. Full information is required.

Alternate Lay Deputies

These individuals will serve in the event that a lay deputy is unable. Elect as many as you deem necessary.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____