

# The Episcopal Diocese of Pittsburgh

## Certification of Lay Deputies

Mail to: Episcopal Diocese of Pittsburgh, 325 Oliver Avenue, Suite 300, Pittsburgh, PA 15222

**Return by June 30, 2015**

Parish \_\_\_\_\_

Location \_\_\_\_\_ District Number \_\_\_\_\_

*Each parish elects two deputies; larger parishes have additional deputies based on duly registered communicants. (See chart enclosed.)  
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 150th Diocesan Convention meeting November 13 & 14, 2015.

*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 contact information is canonically 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: \_\_\_\_\_