

# The Episcopal Diocese of Pittsburgh

## Certification of Lay Deputies

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

**Return no later than Saturday, July 31, 2021**

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 156th Diocesan Convention meeting to be held on October 16, 2021.

*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: \_\_\_\_\_

***DO NOT STOP HERE. Parishes with more than two deputies must complete page two.  
ALL PARISHES must complete page three to designate one or more alternate deputies.***

Parish \_\_\_\_\_

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

**Complete this page ONLY if parish qualifies for more than two deputies.**

**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 \_\_\_\_\_

**Each parish should certify ALTERNATE DEPUTIES to attend in the event that a lay deputy is unable to attend convention.**

**ALL ALTERNATES must be certified in advance on this form. 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: \_\_\_\_\_