

# The Episcopal Diocese of Pittsburgh

## Certification of Lay Deputies

*Mail to: The Episcopal Diocese of Pittsburgh  
4099 William Penn Highway, Suite 502, Monroeville, PA 15146  
Return by July 31, 2012.*

Parish \_\_\_\_\_

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

*Lay deputies to the convention shall consist of two members for each parish in union with the convention, and additional lay deputies for parishes with more than 200 duly registered communicants. (See Canon II, enclosed.) Deputy terms are for three years and begin on July 1.*

It is hereby certified that the following persons are authorized to represent the above-named church at the 147th Diocesan Convention meeting November 9-10, 2012.

Signed and dated: \_\_\_\_\_  
Warden or Officer of the Vestry Date

**Please print clearly. Full information is required.**

### **Lay Deputation Leader:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year Term Commenced: \_\_\_\_\_ Year Term Expires: \_\_\_\_\_

Choose:  Please mail pre-convention material  I will obtain pre-convention material online.

### **Second Deputy:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year Term Commenced: \_\_\_\_\_ Year Term Expires: \_\_\_\_\_

Choose:  Please mail pre-convention material  I will obtain pre-convention material online.

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: \_\_\_\_\_

Choose: \_\_\_\_\_ Please mail pre-convention material \_\_\_\_\_ I will obtain pre-convention material online.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year Term Commenced: \_\_\_\_\_ Year Term Expires: \_\_\_\_\_

Choose: \_\_\_\_\_ Please mail pre-convention material \_\_\_\_\_ I will obtain pre-convention material online.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year Term Commenced: \_\_\_\_\_ Year Term Expires: \_\_\_\_\_

Choose: \_\_\_\_\_ Please mail pre-convention material \_\_\_\_\_ I will obtain pre-convention material online.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year Term Commenced: \_\_\_\_\_ Year Term Expires: \_\_\_\_\_

Choose: \_\_\_\_\_ Please mail pre-convention material \_\_\_\_\_ I will obtain pre-convention material online.

*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. Pre-convention material is not mailed to alternates.*

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: \_\_\_\_\_