

# 15<sup>th</sup> All-American Council Delegate Registration

*You may duplicate this form if necessary. Please type or print neatly. Thank you.*

PARISH	DIOCESE	CITY, STATE/PROVINCE
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Clergy Delegate	
NAME	
ADDRESS	
CITY, STATE/PROVINCE	ZIP/POSTAL CODE
PHONE	
EMAIL	
SIGNATURE	
DATE	

Lay Delegate	
The following person has been duly selected as a lay delegate for the 15th All-American Council. His/her signature attests that he/she has read the Statute of the Orthodox Church in America concerning the qualifications of delegates to the All-American Council and hereby states that he/she is in compliance with the requirements of the Statute.	
NAME	
ADDRESS	
CITY, STATE/PROVINCE.	ZIP/POSTAL CODE
PHONE	
EMAIL	
SIGNATURE	
DATE	

Additional Clergy Delegate	
Additional priests <u>assigned</u> to your parish or community.	
NAME	
ADDRESS	
CITY, STATE/PROVINCE.	ZIP/POSTAL CODE
PHONE	
EMAIL	
SIGNATURE	
DATE	

Additional Lay Delegate	
The following person has been duly selected as a lay delegate for the 15th All-American Council. His/her signature attests that he/she has read the Statute of the Orthodox Church in America concerning the qualifications of delegates to the All-American Council and hereby states that he/she is in compliance with the requirements of the Statute.	
NAME	
ADDRESS	
CITY, STATE/PROVINCE.	ZIP/POSTAL CODE
PHONE	
EMAIL	
SIGNATURE	
DATE	

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## Alternate Lay Delegate

The following person has been duly selected as an alternate lay delegate for the 15th All-American Council. His/her signature attests that he/she has read the Statute of the Orthodox Church in America concerning the qualifications of delegates to the All-American Council and hereby states that he/she is in compliance with the requirements of the Statute.

NAME

ADDRESS

CITY, STATE/PROVINCE.

ZIP/POSTAL CODE

PHONE

EMAIL

SIGNATURE

DATE

### Mailing Instructions:

This document must be mailed by **October 1, 2008** to:

Orthodox Church in America  
 Preconciliar Commission  
 PO Box 675  
 Syosset, NY 11791-0675

**The Commission will forward this document to the diocesan hierarchy for his approval and signature.**

If approval should be in question or denied, you will be notified.

*For office use only:*

## Preconciliar Certification

2007 ASSESSMENT	DATE
ALL-AMERICAN COUNCIL ASSESSMENT	DATE
RECEIPT NUMBER	DATE
REMARKS	

## Community Certification

The delegate(s) and alternate(s) on this registration form are confirmed as persons meeting the parish requirements of the Orthodox Church in America for participation at the All-American Council.

SIGNATURE OF RECTOR

DATE

SIGNATURE OF PARISH/INSTITUTION SECRETARY

DATE

REMARKS

## Diocesan Certification

The delegate(s) and alternate(s) on this registration form are confirmed as persons meeting the requirements of the Orthodox Church in America for participation at the All-American Council.

SIGNATURE OF DIOCESAN HIERARCH

DATE

REMARKS

SIGNATURE OF TREASURER

DATE

SIGNATURE OF SECRETARY

DATE