

THE EPISCOPAL DIOCESE OF FORT WORTH
39th Annual Convention of the Diocese

NOMINATION FORM

Nominee's Name _____

Telephone _____ Email _____

Address: _____

Parish Activities/Positions Held _____

Diocesan Activities/ Positions Held _____

Civic and Business Activities/Positions Held _____

CERTIFICATE OF CONSENT AND QUALIFICATION

I give my permission for my name to be placed in nomination for the following position: (check one)

On the **Standing Committee** _____ Clerical Member _____ Lay Member

On the **Ecclesiastical Trial Court** _____ Clerical Member _____ Lay Member

Signature of Nominee

Date

I hereby witness that the nominee is a Confirmed communicant in good standing of:

Church

City

Signature of Rector, Vicar, or Priest in Charge

Nominated by: _____

Please submit this form by **Sept. 21, 2021**, with a recent photograph (headshot) of the nominee.

Submit by e-mail convention@fwepiscopal.org / fax 817-244-3363 / or mail 2900 Alameda Street, Fort Worth, TX 76108.