

FORM I
OFFICIAL REGISTRATION – VOTING DELEGATES AND ALTERNATES
2023 LCMS CONVENTION

Auto-fill form at:
lcms.org/convention/registrations

DISTRICT: _____

Circuit Name/Number: _____ / _____

ENTER PASTOR VOTING DELEGATE		
Last Name - First Name - MI - Suffix	Address	
	Street:	City/State/ZIP:
	P.O. Box:	City/State/ZIP:
	Email:	**Cell Phone:
Congregation	Name:	City/State/ZIP:

ENTER PASTOR VOTING DELEGATE – <i>Alternate</i>		
Last Name - First Name - MI - Suffix	Address	
	Street:	City/State/ZIP:
	P.O. Box:	City/State/ZIP:
	Email:	**Cell Phone:
Congregation	Name:	City/State/ZIP:

ENTER LAY VOTING DELEGATE		
Last Name - First Name - MI - Suffix	Address	
	Street:	City/State/ZIP:
	P.O. Box:	City/State/ZIP:
	Email:	**Cell Phone:
Congregation	Name:	City/State/ZIP:

ENTER LAY VOTING DELEGATE – <i>Alternate</i>		
Last Name - First Name - MI - Suffix	Address	
	Street:	City/State/ZIP:
	P.O. Box:	City/State/ZIP:
	Email:	**Cell Phone:
Congregation	Name:	City/State/ZIP:

**Cell phone for convention use only.

This electoral circuit met in a duly-called meeting on _____ day of (month) _____, (year) _____ and elected the individuals noted above as the delegates and alternates to the 2023 LCMS convention.

Circuit Visitor Name/Date: _____ / _____

By typing my initials and emailing this report form I affirm, to the best of my knowledge, that the elections were conducted according to the Bylaws of the Synod and that the report form received is complete and accurate.

District Secretary Initials:

Date: