

**FORM VI**  
**OFFICIAL REGISTRATION – ADVISORY REPRESENTATIVES**  
**2023 LCMS CONVENTION**

Auto-fill form at:  
[lcms.org/convention/registrations](https://lcms.org/convention/registrations)

**Classification (CL)\***

O – Ordained Minister  
C – Commissioned Minister  
L – Layperson

**Registration Category: One category/entity per form – SELECT the correct category**

Synod Officer  
Synod Commission  
Synod Board of Directors  
Other Board  
Military Chaplain  
CUS Educational Institution  
Seminary  
Foreign Mission Area Representative

District President  
District BOD and Staff  
District Youth Representative

**Comm./Board/Entity/District:** \_\_\_\_\_

\*(Note: Enter a CL code to indicate classification.)

Last Name - First Name - MI - Suffix		*CL	Address			
			Street:		City/State/ZIP:	
			P.O. Box:		City/State/ZIP:	
			Email:		Cell Phone:	
<b>** Position:</b>			Cell phone for convention use only.			

\*\*Name the position making the representative eligible based on Bylaw 3.1.4.

Last Name - First Name - MI - Suffix		*CL	Address			
			Street:		City/State/ZIP:	
			P.O. Box:		City/State/ZIP:	
			Email:		Cell Phone:	
<b>** Position:</b>			Cell phone for convention use only.			

\*\* Name the position making the representative eligible based on Bylaw 3.1.4.

Last Name - First Name - MI - Suffix		*CL	Address			
			Street:		City/State/ZIP:	
			P.O. Box:		City/State/ZIP:	
			Email:		Cell Phone:	
<b>** Position:</b>			Cell phone for convention use only.			

\*\*Name the position making the representative eligible based on Bylaw 3.1.4.

Last Name - First Name - MI - Suffix		*CL	Address			
			Street:		City/State/ZIP:	
			P.O. Box:		City/State/ZIP:	
			Email:		Cell Phone:	
<b>** Position:</b>			Cell phone for convention use only.			

\*\*Name the position making the representative eligible based on Bylaw 3.1.4.

Submitting by (Name/Phone): \_\_\_\_\_ / \_\_\_\_\_

By typing my initials and emailing this report form I affirm, to the best of my knowledge, the report form received is complete and accurate.	LCMS Certification Initials:	Date:
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