



LCMS OFFICIAL DOCUMENT

For Office Use Only:
Org ID: _____
Ind ID: _____

LCMS Presidential Election Congregation Voter SUBSTITUTE VOTER FORM

Note: Please print. This form **cannot be used** to register or replace a delegate.

VOTER REPRESENTS: _____ **DISTRICT:** _____

Congregation Name

City State

NAME OF VOTER TO BE REPLACED:

First Middle Initial Last

VOTER TYPE: (select correct one): Pastoral Voter Lay Voter

SUBSTITUTE VOTER NAME:

First Middle Initial Last

VOTING SYSTEM SECURITY VERIFICATION QUESTION:
____/____ Month/Day of birth (example: 05/07 is May 7)

SUBSTITUTE VOTER CONTACT INFORMATION:

Address: _____ **Phone:** _____
_____, _____ **Email:** _____
City State Zip Code

FORWARD COMPLETED FORMS TO: The Lutheran Church—Missouri Synod
Office of the Secretary
1333 S. Kirkwood Road
St. Louis, MO 63122

CERTIFICATION OF REPLACEMENT: (Requires signature of two congregational officers.)
Signature: _____ **Office:** _____ **Date:** _____
Signature: _____ **Office:** _____ **Date:** _____