



## CERTIFICATION OF DELEGATES

### The 96<sup>th</sup> Convention of the Diocese of Upper South Carolina

**Please return completed forms on or before May 4, 2018**

Completed forms may be submitted via:

Fax: 803-799-5119

Email (completed, scanned forms): [convention@edusc.org](mailto:convention@edusc.org) OR

Mail: *Beth Hendrix, Secretary to Convention, 1115 Marion Street, Columbia, SC 29201.*

Church \_\_\_\_\_ City \_\_\_\_\_ Convocation \_\_\_\_\_

#### **For determination of the number of delegates allowed, please review:**

**Diocesan Canon: Title 1, Section 4(a)** *“The Lay members of the Convention who are accorded seat, voice and vote shall be from each organized congregation of the Diocese. There shall be two delegates from each Mission, and four delegates from each Parish. Each parish with more than 1,000 confirmed communicants in good standing shall have an additional two delegates, and each parish with more than 2,000 confirmed communicants in good standing shall have an additional four delegates, but no parish shall have more than eight Lay delegates.*”

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

6. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

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**The 95<sup>th</sup> Convention of the Diocese of Upper South Carolina**

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7. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

8. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Certification**

*This is to certify that the above named delegates are confirmed communicants of the church chosen to represent this parish or mission at this convention and that they were:*

\_\_\_ Elected by the congregation at a meeting held \_\_\_\_\_, 20\_\_\_;

\_\_\_ Elected by the Vestry/Mission Committee at a meeting held \_\_\_\_\_, 20\_\_\_;

\_\_\_ Appointed by \_\_\_\_\_

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**Signature (required)**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Rector, Vicar, or Senior Warden)

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**Please direct questions to:** Beth Hendrix [convention@edusc.org](mailto:convention@edusc.org)

*Once this form has been submitted, any changes to your delegation must be reported to the Secretary of Convention.  
Forms for change in delegate status are available online.*