

Alternate Delegate

FORM FOR CNH DISTRICT CONVENTION

May 15-17, 2025

DELEGATE TYPE: VOTING PASTORAL VOTING LAY ADVISORY LAY

Name of delegate to be replaced: _____

Delegate Represents:

Congregation Name: _____

City: _____

Alternate Delegate Name: _____

Address: _____

Email: _____

Telephone: _____

Date: _____

SIGNED BY: [1] _____
(President of Congregation)

[2] _____
(Secretary of Congregation)

RETURN THIS DELEGATE FORM BOTH DIGITALLY AND WITH PHYSICAL ("WET") SIGNATURES TO THE DISTRICT OFFICE:

CNH District LCMS
2772 Constitution Drive
Livermore, CA 94551
Email: glenna@cnh-lcms.org

District Secretary Signature: _____ Date: _____