## FLORIDA-GEORGIA DISTRICT, LCMS 2018 DISTRICT CONVENTION VOTING DELEGATE CERTIFICATION



DELEGATE NAME:	
Title First Name	M.I. Last Name
VOTING SYSTEM SECURITY VERIFICATION QUEST	ION:/ Month/Day of birth (example: 08/05 is August 5)
DELEGATE TYPE: Please mark with an "X"	DELEGATE REPRESENTS: Please mark with an "X"
Pastoral delegate Lay delegate Alternate Lay Delegate	Single congregation Multi-congregations
DELEGATE'S CONTACT INFORMATION: Phone (_	) Email:
Mailing Address:	Physical Address: (FEDEX/UPS packages)
Street/P.O. Box	Street
CityStateZip	CityStateZip
DELEGATE REPRESENTS THE FOLLOWING CONGR	EGATION(S):
Congregation Name:	Congregation Name:
Street:	Street:
City:State:	City: State:
CONGREGATION CERTIFICATION OF DELEGATE:	(Requires two congregation officers' signatures.)
Congregation officer signature:	Date:
Congregation officer signature:	Date:
CERTIFICATION OF ATTENDANCE: (for district use	only) Date:
District convention registration review	District secretary signature: