

THE EPISCOPAL DIOCESE OF FORT WORTH  
*36th Annual Convention of the Diocese*

**NOMINATION FORM**

Nominee's Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Parish Activities/Positions Held \_\_\_\_\_

Diocesan Activities/ Positions Held \_\_\_\_\_

Civic and Business Activities/Positions Held \_\_\_\_\_

**CERTIFICATE OF CONSENT AND QUALIFICATION**

I give my permission for my name to be placed in nomination for the following position: (check one)

On the **Standing Committee**      \_\_\_\_\_ Clerical Member      \_\_\_\_\_ Lay Member

On the **Ecclesiastical Trial Court**      \_\_\_\_\_ Clerical Member      \_\_\_\_\_ Lay Member

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

I hereby witness that the nominee is a Confirmed communicant in good standing of:

\_\_\_\_\_  
Church

\_\_\_\_\_  
City

\_\_\_\_\_  
Signature of Rector, Vicar, or Priest in Charge

Nominated by: \_\_\_\_\_

Please submit this form by **Sept. 7, 2018**, with a recent photograph (headshot) of the nominee.

Submit by e-mail [convention@fwepiscopal.org](mailto:convention@fwepiscopal.org) / fax 817-244-3363 / or mail 2900 Alameda Street, Fort Worth, TX 76108.