THE ROMANIAN ORTHODOX EPISCOPATE OF AMERICA

MANDATE – DELEGATE FORM 2019-2020

This is to certify that the General Assembly of our Parish, held on _____ 2019, has elected the following two delegates to the Church Congress for the years 2019 and 2020.

PARISH NAME | CITY / STATE (PROVINCE)

DELEGATE 1

LAST NAME | FIRST NAME | MIDDLE NAME

STREET | APT #

CITY | STATE/PROVINCE | ZIP/POSTAL

(AREA) HOME PHONE | (AREA) WORK PHONE *optional* | EMAIL (**REQUIRED**)

OCCUPATION OR SPECIAL TRAINING

DELEGATE 2

LAST NAME | FIRST NAME | MIDDLE NAME

STREET | APT #

CITY | STATE/PROVINCE | ZIP/POSTAL

(AREA) HOME PHONE | (AREA) WORK PHONE *optional* | EMAIL (**REQUIRED**)

OCCUPATION OR SPECIAL TRAINING

Certified by us on this _____ (Date) day of _____ (MONTH) 2019.

PARISH PRIEST SIGNATURE

PARISH COUNCIL SECRETARY SIGNATURE

** RETURN THIS FORM NO LATER THAN **MARCH 30, 2019**.
DELEGATES WILL NOT BE ACCEPTED WITHOUT THIS MANDATE PROPERLY SIGNED / SUBMITTED.

ROEA office use only

RECEIVED AT CHANCERY OFFICE :

THE ROMANIAN ORTHODOX EPISCOPATE OF AMERICA

ALTERNATE DELEGATE FORM 2019-2020

This is to certify that the General Assembly of our Parish, held on _____ 2019, has elected the following two alternates to the Church Congress for the years 2019 and 2020.

PARISH NAME | CITY / STATE (PROVINCE)

ALTERNATE 1

LAST NAME | FIRST NAME | MIDDLE NAME

STREET | APT #

CITY | STATE/PROVINCE | ZIP/POSTAL

(AREA) HOME PHONE | (AREA) WORK PHONE *optional* | EMAIL (**REQUIRED**)

OCCUPATION OR SPECIAL TRAINING

ALTERNATE 2

LAST NAME | FIRST NAME | MIDDLE NAME

STREET | APT #

CITY | STATE/PROVINCE | ZIP/POSTAL

(AREA) HOME PHONE | (AREA) WORK PHONE *optional* | EMAIL (**REQUIRED**)

OCCUPATION OR SPECIAL TRAINING

Certified by us on this _____ (Date) day of _____ (MONTH) 2019.

PARISH PRIEST SIGNATURE

PARISH COUNCIL SECRETARY SIGNATURE

** RETURN THIS FORM NO LATER THAN **MARCH 30, 2019**.
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