

For Office Use Only:

Org ID: _____

Ind ID: _____

Congregation's "President Voting Delegate" SUBSTITUTE VOTER FORM

Note: *Entire form must be completed and signed.*

NAME OF DELEGATE TO BE REPLACED:

DISTRICT: _____

First

Middle Initial

Last

DELEGATE REPRESENTS:

Congregation name

City

State

DELEGATE TYPE (*select correct one*): ☐ Pastoral Delegate ☐ Lay Delegate

SUBSTITUTE DELEGATE NAME:

First

Middle Initial

Last

VOTING SYSTEM SECURITY QUESTION: Date of Birth _____ (*example: 08/05, i.e. August 5*)

SUBSTITUTE DELEGATE CONTACT INFORMATION:

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Phone

Email address

**SUBSTITUTE DELEGATE
MAILING ADDRESS:**

Mailing address

City

State/Country

ZIP Code

**SUBSTITUTE DELEGATE
PHYSICAL ADDRESS:** (*FEDEX/UPS packages*)

Physical address

City

State/Country

ZIP Code

CERTIFICATION OF REPLACEMENT: (*Requires two congregation officers' signatures.*)

Congregation Name

City

State

Congregation Officer's Signature

Date

Congregation Officer's Signature

Date

FORWARD COMPLETED FORM TO:

The Lutheran Church—Missouri Synod
Office of the Secretary
1333 S. Kirkwood Road
St. Louis, MO 63122