NOMINATION FORM FOR
THE ELECTION OF VIII BISHOP OF THE EPISCOPAL DIOCESE OF DALLAS

Nomination forms as well as nominee forms must be received by 5pm CT, October 31, 2024.

Your Information

Full Name: _____

Parish/Mission/Congregation: _____

Home address: _____

City, State, Zip: _____

Preferred Phone number: _____

Preferred Email address: _____

I prayerfully nominate the following priest or bishop to the Search Committee as a nominee for Bishop Coadjutor of the Episcopal Diocese of Dallas:

Whom Are You Nominating?

Nominee Full Name: _____

Nominee Home Address: _____

Nominee City, State, Zip: _____

Nominee Preferred Email Address: _____

Nominee Preferred Phone Number: _____

Nominee Current Ministry (title): _____

Nominee Diocese of Canonical Residency: _____

I personally know the person I am nominating: Yes: ____ No: ____
If yes, please describe the circumstances under which you know him or her.

I believe this person should be considered because (please be specific):

Based on our diocesan profile, please describe why you think this person would be a good candidate for the position of bishop coadjutor of the Episcopal Diocese of Dallas. Please limit your response to 350 words.

By my submission of this form I have confirmed that I have obtained the consent of the priest or bishop that I am nominating:

Please submit this completed form to edodbishopsearch@gmail.com as soon as possible so that your nominee has time to apply before the October 31, 2024 deadline.