

Delegation Change Form

*Use this form to make **changes** in your delegation to Annual Council.*

Return to the diocesan office as soon as you know of a change in delegation.

Having your delegation correct on Thursday before Council will avoid confusion during registration.

☐ PARISH or ☐ MISSION _____

CITY _____ DATE _____

I hereby certify that _____ was elected a

Name of original delegate/alternate

☐ **Delegate** ☐ **Alternate** to the Annual Council, but will not be able to serve in this capacity.

_____, whose address is

Name of new delegate/alternate

Address of new delegate/alternate

Unique Email address for voting

having declared his (her) intention to attend, he (she) is therefore, according to the Canons of this Diocese, a

☐ **Delegate** ☐ **Alternate** in place of the duly elected delegate / alternate.

NOTE: If registration for formerly elected delegate/alternate has been paid, that registration will be transferred to new delegate/alternate unless otherwise stated here: _____

Return this form to:

Diocese of Mississippi

Box 23107

Jackson, MS 39225-3107

or email to: pjones@dioms.org

Attest: _____

Clerk of the Vestry or Mission Committee

or _____

Rector / Vicar