

The Episcopal Diocese of Pittsburgh

Certification of Lay Deputies

Mail to: Episcopal Diocese of Pittsburgh, 325 Oliver Avenue, Suite 300, Pittsburgh, PA 15222

Return no later than Monday, June 30, 2025

Parish _____

Location _____ District Number _____

*Each parish elects two deputies; larger parishes have additional deputies based on duly registered communicants. (See chart enclosed.)
Deputies are elected as provided for in each parish's by-laws. Terms are for three years and begin on July 1. (See Canon II, enclosed.)*

It is hereby certified that the following persons are authorized to represent the above-named church at the 160th Diocesan Convention meeting to be held on November 15, 2025.

This form must be signed by a Warden OR by two members of the Vestry.

Signed and dated: _____
Warden or Vestry member _____ Date _____

Printed name: _____

Signed and dated: _____
Second Vestry member (If not signed by Warden above) _____ Date _____

Printed name: _____

Please print clearly. Full contact information is canonically required.

Lay Deputation Leader:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Second Deputy:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

***DO NOT STOP HERE. Parishes with more than two deputies must complete page two.
ALL PARISHES must complete page three to designate one or more alternate deputies.***

Parish _____

Location _____ District Number _____

Complete this page ONLY if parish qualifies for more than two deputies.

Please print clearly. Full information is required.

ADDITIONAL DEPUTIES (IF parish qualifies):

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Please make additional copies of this page if necessary.

Parish _____

Location _____ District Number _____

Each parish should certify ALTERNATE DEPUTIES to attend in the event that a lay deputy is unable to attend convention.

ALL ALTERNATES must be certified in advance on this form. Please print clearly. Full information is required.

ALTERNATE LAY DEPUTIES

These individuals will serve in the event that a lay deputy is unable. Elect as many as you deem necessary.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Year Term Commenced: _____ Year Term Expires: _____