

Nomination of

As a Candidate for the Bishop of Minnesota

N.B. The completed form must be submitted within two weeks of the announcement of Committee Nominees by the Search Committee.

Date: _____

Your address and telephone number(s):

**To: The President of the Standing Committee
Attn: Mary Franson
Episcopal Homes
490 Lynnhurst Avenue
St Paul, MN 55104.**

I hereby nominate _____ to be elected the IX Diocesan Bishop of Minnesota by the 152nd Diocesan Convention in October 2009. [His] [Her] current address and telephone number are as follows: _____.

The nominee was duly ordered a Deacon in the Episcopal Church on _____, _____, in the Diocese of _____, with the Rt. Rev. _____ officiating, and was duly ordered Priest in the Episcopal Church on _____, _____, in the Diocese of _____, with the Rt. Rev. _____ officiating. I have obtained the nominee's consent to place [his] [her] name in nomination. I have also obtained the agreement of the nominee that [he] [she] agrees to submit to the requirements of the process, including the background check, and expects in good faith to serve if elected. I also have the consent of the nominee that any

information resulting from the background check may be disclosed to the Convention, so long as there was disclosure of such information to the nominee prior to the Convention.

I have included herewith the necessary endorsements, with signatures and appropriate identification, as required by the applicable Diocesan Procedures.

Sincerely,

Name

Parish or Mission

Phone Number: _____

Nomination of

As a Candidate for the Bishop of Minnesota

Nominee Confirmation

I consent to have my name placed in nomination for the election of the IX Diocesan Bishop of Minnesota. I agree to submit to the requirements of the process, including the background check, and I intend in good faith to serve if elected. I agree that any information resulting from the background check may be disclosed to the Convention, so long as that information has been disclosed to me before being disclosed to the Convention. I acknowledge that the compensation package approved by the Standing Committee and communicated to me is satisfactory and acceptable.

Print Name: _____

Phone Number: _____