

CIRCUIT VISITOR

**OFFICIAL NOMINATING BALLOT
The South Wisconsin District-LCMS**

Congregation (name & location):

Date of Nomination: _____

Circuit _____

Signed: _____
(Chairman of the Congregation)

(Print Name): _____

(Secretary of the Congregation)

(Print Name): _____

Circuit Visitor

(a pastor on the roster of Synod; who is serving a congregation or is emeritus)

NAME: _____

ADDRESS: _____

Circuit Visitor

(a pastor on the roster of Synod; who is serving a congregation or is emeritus)

NAME: _____

ADDRESS: _____

Circuit Visitor

(a pastor on the roster of Synod; who is serving a congregation or is emeritus)

NAME: _____

ADDRESS: _____

Ballot must sent to your Circuit Visitor.