

CIRCUIT VISITOR
OFFICIAL NOMINATING BALLOT
The South Wisconsin District-LCMS

Congregation: _____

Date of Nomination: _____

Circuit: _____

(Name & Location)

Signed: _____

(Print Name): _____

(Congregation Chairman)

Signed: _____

(Print Name): _____

(Secretary of the Congregation)

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