The Lutheran Church – Missouri Synod – Missouri District Committee on Nominations **RECOMMENDATION FOR NOMINATION FORM**

(Additional forms can be downloaded from the Missouri District Website: www.mo.lcms.org)
Please Print Clearly

Office or Board: ☐ Secretary ☐ Board of Directors (Commissioned) ☐ Nominating Committee (Ordained) ☐ Nominating Committee (Commissioned) ☐ Council on Mission and Ministry (Commissioned) ☐ LCMS Committee on Nominations (Ordained) Name of Recommended Person:	☐ LCMS Committee on Nominatio	y (Ordained) ns Alternate (Ordained)
Address:(Street Address)	(City)	 (Zip Code)
Home Phone: () Cell: ()		
Age: Occupation	n:	
Status: (Check One) \square Ordained Minister	☐ Commissioned Minister	☐ Lay Person
Member of		
(Name of Congregation) Qualifications:	(City)	(Circuit)
1. Current Office in Congregation:		
2. Past Service in Congregation/District/Synod	l:	
3. Participation in Civic/Community Affairs:		
4. Other Comments:		
Recommended by:		
Signature of Recommending Pastor or Officer of Rec	ommending Congregation:	
Name of Congregation:	Date:	
Consent to Serve:		
Signature of Person Being Recommended:(Signature indicates consent to serve in any duly elected o	Date: ffice for which nominated and ability to atten	 d regular board meetings)

FORMS MUST BE RETURNED NO LATER THAN JANUARY 4, 2022 TO:
Mr. Tim Otten

216 Immanuel Avenue - New Haven, MO 63068