

**NOMINATION CONSENT FORM  
FOR THE ELECTION OF THE 11th BISHOP OF MICHIGAN**

Name of nominee: \_\_\_\_\_

Present position (title, church, city, diocese)

\_\_\_\_\_  
\_\_\_\_\_

Full address:

\_\_\_\_\_  
\_\_\_\_\_

Preferred telephone number:

\_\_\_\_\_

Email:

\_\_\_\_\_

I consent to placement of my name in nomination for the election of the 11th Bishop of the Episcopal Diocese of Michigan. I agree to submit to the requirements of the process, including the background check, and I expect to serve in good faith if elected.

Signature of nominee:

\_\_\_\_\_

Date:

\_\_\_\_\_