



METROPOLIS / ARCHDIOCESAN COUNCIL NOMINEE BACKGROUND INFORMATION

Name of Nominee (please print) _____

Please provide the following information that may be disclosed to participants at the Clergy-Laity Assembly for assistance in voting for Metropolis and Archdiocesan Council members.

Home Parish _____ How Long _____

Local parish activities (Parish Council member/officer, positions held and how long):

Metropolis activities (indicate if you are a current or past member of this or any other Metropolis Council, positions held and how long):

Other Church organizations (Indicate any current or past member positions held & how long):

Occupation, education and/or business background:

Any other information you believe relevant:

For Contact Purposes:

Address: _____

Tel: _____ Fax: _____

E-Mail: _____

***Mail or fax the completed Nomination Form and Background Information to the Metropolis of Detroit Office:
2560 Crooks Road, Troy, MI 48084 Attn: Clergy Laity Nominations – Fax: 248.823.2401 at least 2 weeks before the
start of the Clergy-Laity Conference.***