

**EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM  
NOMINATION FOR MEMBERSHIP – SOUTHEASTERN LIEUTENANCY**

Husband and wife may be nominated on the same form. It is the responsibility of the Nominator to obtain the approval of the candidate’s pastor (space provided below) prior to forwarding the completed nomination form to the Section President.

The nomination is not to be discussed with a candidate, nor are candidates to be contacted or offered membership in the Order until so extended by the Lieutenant and Grand Prior.

NAME: (Rev) (Dr) (Mr) \_\_\_\_\_  
                                    **First**                                    **Middle**                                    **Last**

NAME: (Sr) (Mrs) (Ms) \_\_\_\_\_  
                                    **First**                                    **Middle**                                    **Last**

Home Address: \_\_\_\_\_  
                                    **Street**  **City, State, Zip**

Home Ph: ( ) \_\_\_\_\_ Bus Ph: Rev/Dr/Mr: ( ) \_\_\_\_\_ Bus Ph: Sr/Mrs/Ms: ( ) --  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Business/Profession: Rev/Dr/Mr \_\_\_\_\_ Sr/Mrs/Ms \_\_\_\_\_

Diocese: \_\_\_\_\_ Parish: \_\_\_\_\_

Pastor: \_\_\_\_\_ Address: \_\_\_\_\_

Parish Phone: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

-----  
\*Is the candidate(s) aware of the purpose of the Order? \_\_\_\_\_

How long have you, the Nominator, known the candidate(s) and in what capacity/relationship? \_\_\_\_\_  
\_\_\_\_\_

How long have you, the Seconder, known the candidate(s) and in what capacity/relationship? \_\_\_\_\_  
\_\_\_\_\_

List current and past participation in Church-related activities and positions:  
\_\_\_\_\_  
\_\_\_\_\_

List civic, community, social activities and positions:  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel the candidate(s) is worthy of the honor of the Papal Decoration in Recognition of Merit?

---

---

---

---

---

In what ways do you feel the candidate(s) can help further the Mission and works of the Order?

---

---

---

---

List other members of the Order who are acquainted with the candidate(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Nominator: \_\_\_\_\_

Name

Address & Phone

Secunder: \_\_\_\_\_

Name

Address & Phone

**Appropriate amplifying comments, if any, including length of acquaintance and capacity. Please sign this form only if you believe the candidate(s) will embrace the Mission and works of the Order and is/are worthy of nomination.**

---

---

---

Approval of Pastor \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Based upon my review of the candidate's qualifications, I recommend the Lieutenancy

Accept \_\_\_ Decline \_\_\_ this nomination.

\_\_\_\_\_ Date \_\_\_\_\_

I approve the candidate(s) nomination for membership in the Equestrian Order of the Holy Sepulchre of Jerusalem.

Section President \_\_\_\_\_ Date \_\_\_\_\_

Approval of Prior (Bishop) \_\_\_\_\_ Date \_\_\_\_\_

Approval of Lieutenant \_\_\_\_\_ Date \_\_\_\_\_