

Nomination Form

For the Eighth Bishop of Northern Indiana

This Form is the required form to use to recommend a priest as a nominee for the position of the Bishop of Northern Indiana. All completed forms must be submitted via email to bishopsearch@ednin.org or by mail postmarked **no later than September 18, 2015** to:

Bishop Search Committee ATTN: Rev. Michael Dwyer 1101 Park Drive Munster, IN 46321

~~~

In light of the published Diocesan Profile, I recommend the following priest or bishop to the Search Committee to be considered for nomination as the Bishop of Northern Indiana.

| Full Name:                                                                                                                                        | Cell Phone #:        |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Street Address:                                                                                                                                   |                      |
| City, State and Zip Code:                                                                                                                         |                      |
| Email:                                                                                                                                            |                      |
| Spouse's Name (if married):                                                                                                                       |                      |
| Present Position: (title, parish and city):                                                                                                       |                      |
| Present Canonical Diocese:                                                                                                                        |                      |
| I have obtained consent of the person I am nominating: ☐ YES (Nominations without consent from the person being nominated will NOT be considered) |                      |
|                                                                                                                                                   |                      |
| Submitted by:                                                                                                                                     | Best phone:          |
| Address:                                                                                                                                          | Email:               |
|                                                                                                                                                   | Parish (name, city): |
| City, State, Zip:                                                                                                                                 | Diocese              |
| NOTE: All names submitted will be reviewed in light of established criteria. Recommendations will be made available                               |                      |

NOTE: All names submitted will be reviewed in light of established criteria. Recommendations will be made available for those who meet the criteria but initially lack recommendations of one (1) Presbyter and one (1) Lay Person from within the Diocese of Northern Indiana.