DEACON NOMINATIONS

PLEASE READ the "Before Nominating" information on the reverse side of this form.

Your Contact Information: Date:_____

First Name: _____ Last Name:_____
Phone: (_____)_____ Email:_____

☐ I am a member at Lima Baptist Temple

Only LBT members are eligible to nominate individuals to be considered for deacon

NOMINEE INFO:

Full Name: _____ Phone: (_____)_____

I believe this person should be considered to serve LBT as an Deacon because:

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Please submit form to the church office or the connect desk.