



Equestrian Order of the Holy Sepulchre of Jerusalem

Canada-Toronto Lieutenancy

Nomination Form

PLEASE PRINT CLEARLY

NAME OF NOMINATOR: _____

TELEPHONE: _____ EMAIL: _____

NAME OF NOMINEE: _____

HOME ADDRESS: _____

CITY & PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ EMAIL: _____

MARITAL STATUS: _____

PROFESSION OR VOCATION: _____

BUSINESS ADDRESS: _____

CITY & PROVINCE: _____

NAME OF PARISH & DIOCESE: _____

NAME OF PARISH PRIEST: _____

BRIEF EDUCATIONAL AND PROFESSIONAL BACKGROUND: _____

CHARITIES SUPPORTED, RELIGIOUS AND SECULAR: _____

KNOWLEDGE OF & RELATIONSHIP TO NOMINEE: _____

WILL THE NOMINEE BE CAPABLE OF FULLING THE SPIRITUAL AND FINANCIAL OBLIGATIONS
OF THE ORDER? _____

I UNDERSTAND THAT THE ABOVE INFORMATION IS GIVEN IN CONFIDENCE FOR THE EXCLUSIVE USE
OF THE LIEUTENANT AND THE COUNCIL IN SUPPORT OF MY NOMINATION.

DATE: _____ SIGNATURE: _____