

CERTIFICATE OF ELECTION OF LAY MEMBERS OF SYNOD (2012)

Deanery: _____ Parish: _____ Congregation: _____

I, the Incumbent of the above parish, hereby certify that the following were duly elected as Lay Members of Synod and Alternate Lay Members of Synod from the above parish at a meeting of its Vestry.

Lay Member's Name (Please list all Members.)	Year Elected	Address (Please include postal code.)	Telephone: (T) E-mail: (E)*if available.
---	--------------	--	---

_____ (T) _____

G Check here if a hard copy of the Synod circular is required for the Lay Member above. (E) _____

G Check here to confirm that the Lay Member above is willing to download the circular electronically _____

_____ (T) _____

G Check here if a hard copy of the Synod circular is required for the Lay Member above.. (E) _____

G Check here to confirm that the Lay Member above is willing to download the circular electronically _____

_____ (T) _____

G Check here if a hard copy of the Synod circular is required for the Lay Member above.. (E) _____

G Check here to confirm that the Lay Member above is willing to download the circular electronically _____

_____ (T) _____

G Check here if a hard copy of the Synod circular is required for the Lay Member above.. (E) _____

G Check here to confirm that the Lay Member above is willing to download the circular electronically _____

_____ (T) _____

G Check here if a hard copy of the Synod circular is required for the Lay Member above.. (E) _____

G Check here to confirm that the Lay Member above is willing to download the circular electronically _____

_____ (T) _____

G Check here if a hard copy of the Synod circular is required for the Lay Member above.. (E) _____

G Check here to confirm that the Lay Member above is willing to download the circular electronically _____

Alternate Lay Members (Please list all Members.)	Year Elected	Address (Please include postal code.)	Telephone: (T) E-mail: (E)*if available
---	--------------	--	--

_____ (T) _____

_____ (E) _____

_____ (T) _____

_____ (E) _____

I further certify that, in my opinion, each of such lay members are duly qualified as such in that each one is a member of the said parish, is of the full age of 16 years, is a member in full communion of the Anglican Church of Canada of a least one year's standing and has received the sacrament of the Lord's Supper at least three times during the year preceding his or her election.

Dated: _____ 20____ Incumbent: _____

THIS FORM MUST BE RECEIVED BY THE DIRECTOR OF FINANCIAL MINISTRY WITHIN 10 DAYS OF YOUR VESTRY BY MAIL OR BY HAND: 71 BRONSON AVE., OTTAWA, ON K1R 6G6; BY FAX: 613-232-7088.

PARISH ASSISTANTS AND OFFICERS (2012)

Deanery: _____ Parish: _____ Congregation: _____

I, hereby certify that, at the date hereof, the following were duly elected or appointed office bearers of the above parish, other than Lay Members of Synod.

Name	Address (Please include postal code.)	Telephone: (T) E-mail: (E) include if available
_____	_____	(T) _____ _____
Rector's Warden	Address with postal code	(E) _____ (T) _____
_____	_____	_____
People's Warden	Address with postal code	(E) _____ (T) _____
_____	_____	_____
Lay Assistants at Holy Communion (Attach list if necessary.)	Address with postal code	(E) _____ (T) _____
_____	_____	_____
Licensed Lay Readers & licence numbers (Attach list if necessary.)	Address with postal code	(E) _____ (T) _____
_____	_____	_____
Stewardship Officer 1	Address with postal code	(E) _____ (T) _____
_____	_____	_____
Stewardship Officer 2	Address with postal code	(E) _____ (T) _____
_____	_____	_____
Treasurer	Address with postal code	(E) _____ (T) _____
_____	_____	_____
Central Treasurer (if applicable)	Address with postal code	(E) _____ (T) _____
_____	_____	_____
Cemetery Treasurer (if applicable)	Address with postal code	(E) _____ (T) _____
_____	Please fill in your parish telephone number and your parish e-mail address, if available, at the right.	(T) _____ (E) _____
Church Secretary (if applicable)	_____	_____
_____	_____	(T) _____
Sunday School Superintendent	Address with postal code	(E) _____ (T) _____
_____	_____	_____
Screening Coordinator	Address with postal code	(E) _____

Dated: _____ 20____ Incumbent: _____