

Deanery: _____ Parish: _____ Congregation: _____

I, the incumbent of the above parish, hereby certify that, at a meeting of its Vestry, the following were duly elected or appointed to the offices specified, within the above parish.

Name	Address (Please include the postal code.)	(T): Telephone (E) E-mail if available.
Rector's Warden Age* Under 30 ____	Address with postal code 30-65 ____ Over 65 ____	(T) _____ (E) _____
People's Warden Age* Under 30 ____	Address with postal code 30-65 ____ Over 65 ____	(T) _____ (E) _____
Assistants at Holy Communion (Attach a list if necessary.)	Address with postal code	(T) _____ (E) _____
Licensed Lay Readers & licence numbers License Number _____ Age* Under 30 ____	Address with postal code (Attach a Licensed Lay Readers list if necessary.) 30-65 ____ Over 65 ____	(T) _____ (E) _____
Stewardship Officer	Address with postal code	(T) _____ (E) _____
Stewardship Officer	Address with postal code	(T) _____ (E) _____
Treasurer	Address with postal code	(T) _____ (E) _____
Central Treasurer (if applicable)	Address with postal code	(T) _____ (E) _____
Cemetery Treasurer (if applicable)	Address with postal code	(T) _____ (E) _____
Church Secretary (if applicable)	Please fill in your parish telephone number and your parish E-mail address, if available, at the right	(T) _____ (E) _____
Screening Coordinator	Address with postal code	(T) _____ (E) _____
Children's Ministry Coordinator Age* Under 30 ____	Address with postal code 30-65 ____ Over 65 ____	(T) _____ (E) _____

* Identification of an individual's age category is optional and will be used by Synod Office staff in planning diocesan events and programs.

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Lay Member's Name (Please list all members.)	Year Elected	Address (Please include the postal code.)	(T): Telephone (E) E-mail if available.
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 Check here if a hard copy of the Synod circular is required for the Lay Member above OR
 Check here to confirm that the Lay Member above is willing to download the circular electronically. (E) _____
 Age* Under 30 ___ 30-65 ___ Over 65 ___ (T) _____

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 Age* Under 30 ___ 30-65 ___ Over 65 ___ (T) _____

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 Check here to confirm that the Lay Member above is willing to download the circular electronically. (E) _____
 Age* Under 30 ___ 30-65 ___ Over 65 ___ (T) _____

Alternate Lay Members (Please list all members.)	Year Elected	Address (Please include the postal code.)	(T): Telephone (E) E-mail if available.
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 Age* Under 30 ___ 30-65 ___ Over 65 ___ (T) _____
 (E) _____

 Age* Under 30 ___ 30-65 ___ Over 65 ___ (T) _____
 (E) _____

I further certify that, in my opinion, each of such lay members is 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 AND NO LATER THAN MARCH 15, 2017

BY MAIL OR BY HAND: 71 BRONSON AVE. OTTAWA ON K1R 6G6; BY FAX: 613-232-7088; BY E-MAIL: statistics@ottawa.anglican.ca