

**NOTIFICATION OF THE APPOINTMENT OF AN ALTERNATE  
LAY SYNOD REPRESENTATIVE**

**48TH SYNOD OF THE DIOCESE OF SYDNEY**

*This certification to be completed by the elected Synod Representative*

**(Please print in Block letters or Type)**

To the Registrar of the Diocese of Sydney

In accordance with the Synod Membership Ordinance 1995, clause 22A (2), I hereby certify that I,

\_\_\_\_\_ expect that during all or part of this coming session of Synod I will be outside the Diocese/will be on Annual Leave/Long Service Leave/Sick Leave (*delete which is not applicable*) or for another specified reason (*please attach explanation to this form*) will be unable to attend all or part this session of Synod. I certify that I have appointed the below mentioned person to be my alternate for this coming session of Synod. This appointment of an alternate has been approved by the parish council on \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILS OF ALTERNATE LAY SYNOD REPRESENTATIVE**

Title	Full Name of Alternate	Date of Birth
Mr	Surname:	<i>(this only needs to be provided if you want to access the secure Registry website)</i>
Mrs		
Miss		
Ms	Given Names:	
Dr		

**Address and Contact details**

*Residential*

*Postal*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
(H) \_\_\_\_\_ (H) \_\_\_\_\_ Email: \_\_\_\_\_  
(W) \_\_\_\_\_ (W) \_\_\_\_\_

**Name of Parish**

Parish  
Provisional Parish  
Recognised Church

**Privacy Consent (to be completed by the appointed Alternate Synod Representative)**

I consent to this information being collected, used and disclosed by the Archbishop's office for the purpose of that office. In particular, I consent to my full name and parish association appearing in the Diocesan Year Book.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return once completed and fully signed to:  
Diocesan Registry, PO Box Q190, QVB Post Office NSW 1230**