

PARISH OFFICE HOLDERS ANNUAL VESTRY MEETING RETURN

Church: _____ Parish: _____

Area _____ Date of Meeting: _____
 Deanery: _____ Region: _____

Churchwardens (Please Print in Block Letters or Type)

| Title | Full Name | Address, Contact details & Occupation | |
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| Mr Mrs Miss Ms Dr | <i>Rector's Warden</i> Surname: Christian Names: | <i>Address:</i> <i>Occupation:</i> | Phone: (H) (W) Mobile: Fax: Email: |
| Mr Mrs Miss Ms Dr | <i>People's Warden</i> Surname: Christian Names: | <i>Address:</i> <i>Occupation:</i> | Phone: (H) (W) Mobile: Fax: Email: |
| Mr Mrs Miss Ms Dr | <i>People's Warden</i> Surname: Christian Names: | <i>Address:</i> <i>Occupation:</i> | Phone: (H) (W) Mobile: Fax: Email: |

Members of the Parish Council (Do not list Churchwardens again)

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| Mr Mrs Miss Ms Dr | Surname: Christian Names: | <i>Address:</i> <i>Occupation:</i> | Phone: (H) (W) Mobile: Fax: Email: |
| Mr Mrs Miss Ms Dr | Surname: Christian Names: | <i>Address:</i> <i>Occupation:</i> | Phone: (H) (W) Mobile: Fax: Email: |
| Mr Mrs Miss Ms Dr | Surname: Christian Names: | <i>Address:</i> <i>Occupation:</i> | Phone: (H) (W) Mobile: Fax: Email: |
| Mr Mrs Miss Ms Dr | Surname: Christian Names: | <i>Address:</i> <i>Occupation:</i> | Phone: (H) (W) Mobile: Fax: Email: |
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| Mr Mrs Miss Ms Dr | Surname: Christian Names: | <i>Address:</i> <i>Occupation:</i> | Phone: (H) (W) Mobile: Fax: Email: |
| Mr Mrs Miss Ms Dr | Surname: Christian Names: | <i>Address:</i> <i>Occupation:</i> | Phone: (H) (W) Mobile: Fax: Email: |

Please turn over

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| Members of the Parish Council | (Do not list Churchwardens again) | <i>Continued</i> |
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| Mr Mrs Miss Ms Dr | Surname: | Address: | Phone: (H) (W) Mobile: Fax: Email: |
| Ms Dr | Christian Names: | Occupation: | |

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| Mr Mrs Miss Ms Dr | Surname: | Address: | Phone: (H) (W) Mobile: Fax: Email: |
| Ms Dr | Christian Names: | Occupation: | |

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| Mr Mrs Miss Ms Dr | Surname: | Address: | Phone: (H) (W) Mobile: Fax: Email: |
| Ms Dr | Christian Names: | Occupation: | |

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| Ms Dr | Christian Names: | Occupation: | |

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| Mr Mrs Miss Ms Dr | Surname: | Address: | Phone: (H) (W) Mobile: Fax: Email: |
| Ms Dr | Christian Names: | Occupation: | |

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| Parish Council Secretary |
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| Mr Mrs Miss Ms Dr | Surname: | Address: | Phone: (H) (W) Mobile: Fax: Email: |
| Ms Dr | Christian Names: | Occupation: | |

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| Parish Treasurer |
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| Mr Mrs Miss Ms Dr | Surname: | Address: | Phone: (H) (W) Mobile: Fax: Email: |
| Ms Dr | Christian Names: | Occupation: | |

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| Churchwardens Certification |
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In accordance with Clause 20(1)(i) of the Church Administration Ordinance 1990, we certify that at/or after the annual vestry meeting held in connection with the above named Church on the date above, the above named persons were elected and appointed and the declarations referred to in that ordinance have been made.

Churchwardens' Signatures _____

Date: _____

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| Privacy Certification <i>(if there is not enough room below, please attach this certification on a separate piece of paper to this form)</i> |
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We certify that:

1. Except for any person referred to in 2. below, each of the above named persons have consented to the personal information about them in this Return being collected, used and disclosed by the Archbishop's office for the purposes of that office.
2. Although *(insert names)*

_____ have not provided the consent referred to in 1. above, we have informed them that the Archbishop's office undertakes not to disclose the personal information about them in this Return without their consent.

Churchwardens' Signatures _____

Date: _____

A copy of the Archbishop's office Privacy Statement can be found at <http://www.sds.asn.au/site/103311.asp>

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