PARISH OFFICERS

PLEASE RETURN TO THE SYNOD OFFICE NO LATER THAN JULY 15, 2021.

EVEN IF YOUR PARISH ELECTS OFFICERS AT AN ANNUAL MEETING PAST THE DEADLINE,

PLEASE RETURN THIS FORM ON TIME WITH THE CURRENT POSITIONS INDICATED

THEN SUBMIT CHANGES WHEN THEY OCCUR. THANK YOU!

Parish: Town/City:

Region:

# OFFICERS FOR 2021

|  |
| --- |
| Rector's Warden |
| Title | Last Name | First Name |
| Street or Box No. | Town/City | Postal Code |
| Home Telephone | Bus. Telephone | Fax | E-mail |

***\* It is imperative that an email address or fax number is provided for the People’s Warden***

|  |
| --- |
| People's Warden |
| Title | Last Name | First Name |
| Street or Box No. | Town/City | Postal Code |
| Home Telephone | Bus. Telephone | Fax \* | E-mail \* |

|  |
| --- |
| Other Warden, if applicable |
| Title | Last Name | First Name |
| Street or Box No. | Town/City | Postal Code |
| Home Telephone | Bus. Telephone | Fax | E-mail |

|  |
| --- |
| Parish Treasurer |
| Title | Last Name | First Name |
| Street or Box No. | Town/City | Postal Code |
| Home Telephone | Bus. Telephone | Fax | E-mail |

**Approximate date of next Election of Parish Officers:**

### PLEASE NOTIFY THE SYNOD OFFICE OF ANY CHANGES THAT OCCUR DURING THE YEAR

Signature of Incumbent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***LAY DELEGATES TO SYNOD***:

|  |  |
| --- | --- |
| **PEOPLE’S WARDEN**: LAST NAME | FIRST NAME |
| ADDRESS | TOWN/CITY | POSTAL CODE |
| TELEPHONE NO. | EMAIL: |
| LAST NAME | FIRST NAME |
| ADDRESS | TOWN/CITY | POSTAL CODE |
| TELEPHONE NO. | EMAIL: |
| LAST NAME | FIRST NAME |
| ADDRESS | TOWN/CITY | POSTAL CODE |
| TELEPHONE NO. | EMAIL: |
| LAST NAME | FIRST NAME |
| ADDRESS | TOWN/CITY | POSTAL CODE |
| TELEPHONE NO. | EMAIL: |
| LAST NAME | FIRST NAME |
| ADDRESS | TOWN/CITY | POSTAL CODE |
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| ADDRESS | TOWN/CITY | POSTAL CODE |
| TELEPHONE NO. | EMAIL: |
| LAST NAME | FIRST NAME |
| ADDRESS | TOWN/CITY | POSTAL CODE |
| TELEPHONE NO. | EMAIL: |
| LAST NAME | FIRST NAME |
| ADDRESS | TOWN/CITY | POSTAL CODE |
| TELEPHONE NO. | EMAIL: |

***ALTERNATE LAY DELEGATES TO SYNOD***

|  |  |
| --- | --- |
| LAST NAME | FIRST NAME |
| ADDRESS | TOWN/CITY | POSTAL CODE |
| TELEPHONE NO. | EMAIL: |
| LAST NAME | FIRST NAME |
| ADDRESS | TOWN/CITY | POSTAL CODE |
| TELEPHONE NO. | EMAIL: |

*Please include the email address of all parish representatives if they have one.*