

Please check: ___ Honorary Life Member ___ Life Member ___ Diocesan Officer/Chairperson

Name of Accredited Delegate _____

Address: _____

Parish Council: _____

Complete online or mail to: Corinne Carrita, 2 Elizabeth Avenue, R.R. #2 Burford, ON N0E 1A0
This contact information will be used by the Registration Committee and Diocesan Recording Secretary for checking credentials, preparing voting cards and credential record. Information will be destroyed once the convention is completed.



Credential Form – Parish Council Voting Delegate (president or her alternate - one per parish)

Each co-president must specify when she will be the voting delegate on her credential form.

Saturday: ___ Sunday: ___

This is to verify that:

Name of Voting Delegate _____

Address: _____

Parish Council: _____

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Credential Form – Parish Council Accredited Delegate (up to 2 Accredited Delegates per council)

This is to verify that:

Name of Accredited Delegate _____

Address: _____

Parish Council: _____

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