

Credential Form –Accredited Delegate

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

Name of Accredited Delegate _____

Address: _____

Parish Council: _____

Complete online or mail / email to: Joanne Gregson 80-6478 5th Line Fergus, ON N1M 2W5 joannegregson57@gmail.com

This contact information will be used by the Registration Committee and Diocesan 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)

Friday: ___ Saturday: ___ Sunday: ___

This is to verify that:

Name of Voting Delegate _____

Address: _____

Parish Council: _____

Complete online or mail / email to: Joanne Gregson 80-6478 5th Line Fergus, ON N1M 2W5 joannegregson57@gmail.com

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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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