

**Parochial Returns**

**Faith Community Churchwardens**

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| **Parish:** | | |
| **Faith Community:** | | |
| **Local Churchwarden** | | |
| Dr/Mr/Mrs/Miss/Ms: | | |
| **(Please provide Full Names)** | | |
| Postal Address: | | |
| **(Please provide Postal Address and Postcode)** | | |
| Telephone No. ( ) | | Mobile No. |
| Email address: | | |
| **Peoples Churchwarden** | | |
| Dr/Mr/Mrs/Miss/Ms: | | |
| **(Please provide Full Names)** | | |
| Postal Address: | | |
| **(Please provide Postal Address and Postcode)** | | |
| Telephone No. ( ) | Mobile No. | |
| Email Address: | | |
|  | | |
| I certify that the above persons were duly elected or appointed as Churchwardens for the Faith Community of: | | |
| For the Triennium commencing: | | |



**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



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| **Parochial Returns – Priest Churchwarden**   |  | | --- | | **Parish:** |   Dr/Mr/Mrs/Miss/Ms: | |
| **(Please provide Full Names)** | |
| Postal Address: | |
| **(Please provide Postal Address and Postcode)** | |
| Telephone No. ( ) | Mobile No. |
| Email Address: | |
|  | |
| I certify that the above person was duly appointed as a Priest Churchwarden for the Parish of: | |
|  | |  |
| For the triennium commencing: | |  |
|  | |  |
|  | |



**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**