**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**

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**