**Parochial Returns – Parish councillors**

|  |
| --- |
| **Parish:** |
| 1. Dr/Mr/Mrs/Miss/Ms:
 |
| **(Please provide Full Names)** |
| Postal Address: |
| **(Please provide Postal Address and Postcode)** |
| Telephone No. ( ) | Mobile No. |
| Email Address: |
|  |
| 1. Dr/Mr/Mrs/Miss/Ms:
 |
| **(Please provide Full Names)** |
| Postal Address: |
| **(Please provide Postal Address and Postcode)** |
| Telephone No. ( ) | Mobile No. |
| Email Address:  |
|  |
| 1. 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 Parish Councillors: |
| For the Triennium commencing:  |

**Date**