

**Parochial Returns – Parish councillors**

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| **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**