



Anglican  
Diocese of  
Ottawa

**IMPORTANT:** *Please complete and bring this form with you to Synod*

**Anglican Diocese of Ottawa**  
**SYNOD 2024 – November 7 - 9**

Credential Form

**Clergy**

*Please print clearly*

Name: \_\_\_\_\_  
First name Surname

Address: \_\_\_\_\_

Please complete one of the following:		
Incumbent, Associate or Assistant	<b>OR</b>	
Parish of: _____		Retired: _____
Deanery of: _____		Other: _____

Date \_\_\_\_\_ Signature \_\_\_\_\_

*This form must be signed and deposited with the Secretaries of Synod upon arrival, so that your attendance can be registered.*

**Please see reverse for a waiver form that requires your signature.**



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*To be completed by the person identified on the reverse.*

The Anglican Diocese of Ottawa records the proceedings of Synod to facilitate the preparation of the minutes.

I consent to having my comments recorded.

Photographs may be taken during Synod. These are for diocesan purposes only and may be used to illustrate an article or publicize an event.

I consent to having my photograph used by the Anglican Diocese of Ottawa.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature