

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

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

**Credential Form  
Officer of Synod, Diocesan Staff, Bishop’s Appointee,  
Member of Diocesan Council**

*Please print clearly*

First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Please complete one of the following:		
<p><b><i>Clergy</i></b> <input type="checkbox"/></p> <p>Title or Position:</p> <p>_____</p>	<b><i>OR</i></b>	<p><b><i>Laity</i></b> <input type="checkbox"/></p> <p>Voting <input type="checkbox"/></p> <p>Non-voting <input type="checkbox"/></p> <p>Title or Position _____</p>

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

\*This form is also for those members of Diocesan Council who are not parish-elected members of Synod.

*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.**



*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 the proceedings of 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