



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

Anglican Diocese of Ottawa
SYNOD 2024 – November 7 - 9
Credential Form
Guest of Synod
Please print clearly

Name _____
First name Surname

Address _____

Please complete one of the following:

| | | |
|---|-------------------------|--|
| <p>Non-Voting Clergy Please indicate parish affiliation if applicable</p> <p>_____</p> | <p><i>OR</i></p> | <p>Non-Voting Laity Please indicate one of the following</p> <p><input type="checkbox"/> Postulant</p> <p><input type="checkbox"/> Other (Explain)</p> <p>_____</p> |
|---|-------------------------|--|

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.

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