



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

**Anglican Diocese of Ottawa**  
**SYNOD 2025 – October 23 - 25**  
**Credential Form**  
**Clergy**

*(Please print clearly)*

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

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

Please complete one of the following:		
Incumbent, Associate, Assistant, Deacon, or Interim Priest-in-Charge the Parish of: _____  Deanery of: _____	<b><i>OR</i></b>	Retired: _____  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.**

***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