

MISSION COUNCIL REPORT

PLEASE COMPLETE THIS FORM AND RETURN TO THE DIOCESAN OFFICE

MISSION: _____

Main contact person, beside the priest: _____

OFFICERS for 2024 ***

1. SENIOR WARDEN: Name: _____

Email address: _____

Cell number: _____

Mailing address: _____

2. JUNIOR WARDEN: Name: _____

Email address: _____

Cell number: _____

Mailing address: _____

3. TREASURER: Name: _____

Email address: _____

Cell number: _____

Mailing address: _____

4. CLERK: Name: _____

Email address: _____

Cell number: _____

Mailing address: _____

The undersigned certifies that the above delegates and alternates were elected at a congregation meeting held on the _____ day of _____, 2024.

(Priest) or (Deacon) or (Warden)

OTHER VESTRY or BISHOP'S COMMITTEE MEMBERS

5. Name: _____

Email address: _____

Cell number: _____

Mailing address: _____

6. Name: _____

Email address: _____

Cell number: _____

Mailing address: _____

7. Name: _____

Email address: _____

Cell number: _____

Mailing address: _____

8. Name: _____

Email address: _____

Cell number: _____

Mailing address: _____

9. Name: _____

Email address: _____

Cell number: _____

Mailing address: _____