

Diocese of Natal

As at ANNUAL VESTRY _____

(Please complete this form and return to Private Bag 899, Pietermaritzburg, 3200,
WITHIN ONE WEEK OF YOUR VESTRY MEETING)

THE PARISH OF

RECTOR

CHURCHWARDEN

Address (Postal & e-mail)

Tel No. Work ()

Tel No. Home ()

CHURCHWARDEN

Address (Postal & e-mail)

Tel No. Work ()

Tel No. Home ()

ALTERNATE CHURCHWARDEN (if elected)

Address (Postal & e-mail)

Tel No. Work ()

Tel No. Home ()

ADDRESS FOR PARISH CORRESPONDENCE (Postal & e-mail)

AUDITOR/INDEPENDENT REVIEWER

Address (Postal & e-mail)

PLANNED GIVING CHAIRPERSON

Address (Postal & e-mail)

TREASURER

Address (Postal & e-mail)

Tel No. Work ()

Tel No. Home ()