**CERTIFICATE**

**To be signed by the Chair of the**

**Annual Meeting of Parishioners for the election of Churchwardens**

**I CERTIFY THAT:**

|  |  |
| --- | --- |
| Full name\* |  |
| Address |  |
| Replacing (if appropriate)  |  |

**AND**

|  |  |
| --- | --- |
| Full name\* |  |
| Address |  |
| Replacing (if appropriate)  |  |

\*please underline the preferred Christian name

**WERE** duly elected Churchwardens of *(insert parish)* at a meeting held pursuant to Section 2 of the Churchwardens (Appointments and Resignations) Measure 1964

**I confirm that the 2 elected are not disqualified by reason of having served for 6 years.**

**OR**

**I confirm that at a Meeting of Parishioners held on** *(insert date)* **it was decided that this rule would not apply in this parish.** *(Delete as appropriate)*

On the day of 2020

……………………………………………………………………………

CHAIR OF MEETING

*Please email completed form to Mary Peters at* *mary.peters@cofeguildford.org.uk* *. Electronic signatures, photos or scans are all acceptable.*