



CHURCH INFORMATION

Congregation: _____

Town/City/Village: _____

Deanery: _____

MAILING ADDRESS

Church Phone: _____

Church Website: _____

The # of Lay Representatives
shall be as follows:

1. For every congregation – one
2. When eligible members of
the Vestry exceed:
 - a) 124 – two
 - b) 299 – three
 - c) 499 – four

HOURS OF OPERATION

Office: _____

Worship (Summer): _____

Worship (Winter): _____

**The information compiled in this Certificate of Election is not for public distribution.
It is for the express purpose, only, of the Diocese of Huron**

Number of Eligible Vestry Members: _____ **Date of Vestry Meeting:** _____

Please see table above – This # should reflect the number of eligible members as per Canon 18, not just the # who attended the Vestry meeting.

****This document will NOT be accepted and will be returned if the number of eligible vestry members is not provided.****

DEADLINE FOR RETURN

By Mail at: Huron Church House, 190 Queens Ave., London, ON N6A 6H7

OR

Upload to the Secure Portal for Year-End Documents at: <https://portal.diohuron.org/year-end-documents/>

**In 2026, Huron Church House will NOT accept any Year-End Documents by email. We encourage you to use the Secure Diocesan Portal listed above.*

The completed Certificate of Election must be returned by March 31, 2026.

PLEASE RETURN THIS CERTIFICATE IMMEDIATELY FOLLOWING THE VESTRY MEETING

Chair of the Vestry Meeting: _____

Position: _____



PRIMARY CONTACT (CLERGY OR WARDEN)

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

CHURCHWARDENS

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

DEPUTY CHURCHWARDENS

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

CHURCH SECRETARY/ADMINISTRATOR

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

CERTIFICATE OF ELECTION 2026

**PLEASE COMPLETE ALL SECTIONS,
INCLUDING THOSE IN WHICH THERE
HAVE BEEN NO CHANGES.**

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

**PLEASE COMPLETE ALL SECTIONS, INCLUDING
THOSE IN WHICH THERE HAVE BEEN NO CHANGES.**



SYNOD LAY DELEGATE(S)

| | |
|--|--|
| FULL NAME | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF PERSON BEING REPLACED (if any) | |
| FULL NAME | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF PERSON BEING REPLACED (if any) | |

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|--|--|
| FULL NAME | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF PERSON BEING REPLACED (if any) | |
| FULL NAME | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF PERSON BEING REPLACED (if any) | |

ALTERNATE SYNOD LAY DELEGATE(S)

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|--|--|
| FULL NAME | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF PERSON BEING REPLACED (if any) | |
| FULL NAME | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF PERSON BEING REPLACED (if any) | |

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| FULL NAME | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF PERSON BEING REPLACED (if any) | |
| FULL NAME | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF PERSON BEING REPLACED (if any) | |

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THOSE IN WHICH THERE HAVE BEEN NO CHANGES.**



TREASURER

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

ENVELOPE SECRETARY

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

S.S. SUPERINTENDENT

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

ANGLICAN FELLOWSHIP OF PRAYER REP

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

CERTIFICATE OF ELECTION 2026

PARISH PAYMASTER

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

VESTRY CLERK

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

YOUTH MINISTRY CONTACT

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

PWRDF PARISH REP

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME OF PERSON BEING REPLACED (if any)

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CEMETERY BOARD CONTACT

| |
|--|
| FULL NAME |
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| |
| MAILING ADDRESS |
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| |
| PHONE NUMBER |
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| |
| EMAIL ADDRESS |
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| NAME OF PERSON BEING REPLACED (if any) |

ANGLICAN CHURCH WOMEN CONTACT

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|--|
| FULL NAME |
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| MAILING ADDRESS |
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| |
| PHONE NUMBER |
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| |
| EMAIL ADDRESS |
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| |
| NAME OF PERSON BEING REPLACED (if any) |

SAFE CHURCH CONTACT/COORDINATOR

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|--|
| FULL NAME |
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| MAILING ADDRESS |
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| |
| PHONE NUMBER |
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| EMAIL ADDRESS |
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| NAME OF PERSON BEING REPLACED (if any) |

BUILDING/PROPERTY CONTACT

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|--|
| FULL NAME |
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| MAILING ADDRESS |
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| |
| PHONE NUMBER |
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| |
| EMAIL ADDRESS |
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| |
| NAME OF PERSON BEING REPLACED (if any) |

ALTAR GUILD CONTACT

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|--|
| FULL NAME |
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| MAILING ADDRESS |
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| |
| PHONE NUMBER |
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| EMAIL ADDRESS |
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| |
| NAME OF PERSON BEING REPLACED (if any) |

COMMUNICATIONS/TECHNOLOGY REP

| |
|--|
| FULL NAME |
| |
| |
| MAILING ADDRESS |
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| |
| PHONE NUMBER |
| |
| |
| EMAIL ADDRESS |
| |
| |
| NAME OF PERSON BEING REPLACED (if any) |

***If you have licensed lay readers (these people must hold a certificate from the Bishop of Huron), please continue to the next page.**

This Certificate of Election can be easily uploaded to our secure diocesan portal with your other year-end documents at:

<https://portal.diohuron.org/year-end-documents/>

-OR-

Printed and mailed to:

Huron Church House, 190 Queens Avenue, London, ON N6A 6H7

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LICENSED LAY READERS

**These people must hold a certificate from the Bishop of Huron*

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

FULL NAME

MAILING ADDRESS

PHONE NUMBER

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FULL NAME

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HONORARY ASSISTANTS

**These people must hold a General Permit or Licence from the Bishop*

FULL NAME

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

FULL NAME

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LICENSED LAY COMMUNION ADMINISTRANTS

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|--|--|
| FULL NAME | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF PERSON BEING REPLACED (if any) | |
| FULL NAME | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF PERSON BEING REPLACED (if any) | |

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