DIOCESE of KENTUCKY

Annual Congregational Leadership Report

Diocesan canons require appointment of the Bishop's Committee and Warden annually. Please indicate those members who have been nominated by the congregation to serve as the Bishop's Committee below.

Congregation Information

Name of Congregation:_____

Date of Nomination: _____/_____/_____

General Church Email: _____

Church Website: _____

Nominees for Bishop's Committee

Nominee for Bishop's Warden

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Nominee for Treasurer

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Nominee for Secretary/Clerk

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Nominee -- Member

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Nominee -- Member

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Nominee -- Member

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Nominee -- Member

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Nominee -- Member

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Nominee -- Member

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Nominee -- Member

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Other Mission Leadership Information

Please note: Licensed Lay Ministries (e.g. Eucharistic Ministers) are not included in this report

Parish Administrator

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Safeguarding God's Children Administrator

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Children's/Youth Ministry Coordinator

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Bookkeeper

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Additional Position:_____

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Additional Position:_____

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Additional Position:_____

Name: _____

Address: _____, _____, _____, _____
Street City State Zip

Phone: (Primary) (_____) _____-_____ (Alternate) (_____) _____-_____

Email: _____

Certification

I do certify that the herein named are the authorized representatives of our parish or mission.

Name: _____

Position in Church: _____

Date Certified: _____/_____/_____

Signature: _____