

Australian Catholic Ministry Register

Delegate Nomination form

This form is used by a Church Authority to name a new Delegate who will act on their behalf.

Name of the Church entity _____

Nominated Delegate

Title _____

Christian Names _____

Surname _____

Phone _____

Email _____

Commencement date of Term of Office _____
dd/mm/yy

Signature of Nominated Delegate _____

Date _____
dd/mm/yy

By signing below I delegate the person named above to act on my authority in all matters relating to the Australian Catholic Ministry Register.

Signature of Current Leader _____

Date _____
dd/mm/yy