



# Holy Trinity Church Maisons-Laffitte France

## Application for Enrolment on the Chaplaincy Electoral Roll

Christian name and surname \_\_\_\_\_  
Maiden name if different \_\_\_\_\_  
Date and place of birth \_\_\_\_\_  
Nationality \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_  
Other contact (e.g. e-mail) \_\_\_\_\_

*Mark the appropriate boxes below:*

- I am baptized; [note: *you must have been baptised to be entered on the electoral roll*]
- I am a member of the Church of England, or a Church in communion therewith, and I am on the electoral roll of a parish (or chaplaincy) in the Provinces of Canterbury or York;
- I am a member of the Church of England, or of a Church in communion therewith, and I have habitually attended public worship in this chaplaincy during the last six months;
- I am a member in good standing of a Church not in communion with the Church of England that subscribes to the doctrine of the Holy Trinity, and I have habitually attended public worship in this chaplaincy during the last six months;
- I am 16 years of age or more. (if under 18, signatures of both parents are also needed !)
- I have seen a copy of the statutes of Holy Trinity (Gould Memorial) Church and agree with them. I acknowledge that my name being on the Electoral Roll, I am also a member of the *Association Cultuelle*. This Association is “déclaré sous le n° 2407, régie par les lois du 1er juillet 1901 et du 9 décembre 1905.”
- I declare that the above answers are true, and I apply for entry on the Chaplaincy Electoral Roll of Holy Trinity Church, Maisons-Laffitte.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**if under 18:**

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to the Electoral Roll Officer, Elizabeth Bean**

(if by post, to: 7 impasse Andrée Paulette, 78600 Maisons-Laffitte)