



ATTENDANCE RECORD SHEET

COVID-19 SAFE RETURN TO CHURCH
FRAMEWORK

Diocese of Grafton

| | |
|--|--|
| Parish Name: | |
| Church Name: | |
| Date of Service: | |
| Time of Service: | |
| Name of Person Leading the Service: | |

ATTENDANCE RECORD: NB. the number you can accommodate may be less than 50 depending on the amount of floor space available to provide 4m² per person

| FULL NAME | CONTACT NUMBER |
|-----------|----------------|
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The Parish should retain this form in a safe and secure location for a minimum of 28 days.

I confirm that this attendance record is an accurate reflection of all people who attended this Service.

**Churchwarden or Incumbent
Signature:**

Date: