



CGI – PARIS use only: 1. Date of Aggregation ..... 2. Aggregation N°: .....
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## AGGREGATION REQUEST FORM

(to be completed in block letters)

3. **National or assimilated Council** : .....

4. Country subdivision (if applicable) : .....

### IDENTITY OF CONFERENCE

5. Conference : .....
6. Date founded (Year/Month/Day)  
 (YYYY/MM/DD).....

### GEOGRAPHICAL LOCATION

7. Postal address of Conference :  
 Street No./Door No. .... / Street name .....  
 Address (cont'd): .....  
 Postcode..... LOCALITY.....  
 State/region/department/province (circle the correct term).....  
 E-mail address of Conference : .....
8. The Conference is based in : (Tick **one box** and give the name and town)
- |  |   |              |
|--|---|--------------|
| <input type="checkbox"/> A Church, a sub-parish<br><input type="checkbox"/> A hospital<br><input type="checkbox"/> A school<br><input type="checkbox"/> A university<br><input type="checkbox"/> A workplace | } | Name : ..... |
|--|---|--------------|
- Other (please specify).....Town : .....
9. Attached to the PARISH of: Name .....
- Town of the parish .....
10. in the DIOCESE of: .....

### CONFERENCE ATTACHMENT TO COUNCIL(S)

11. Vincentian location:  
 Give the name of the Councils to which the Conference belongs, from the nearest to the furthest:
- Area Council** : .....
- Central Council** : .....

## THE MEMBERS

12. Type of Conference :

Children and teenagers

Young people

Adults

**Give average age** .....

13. Number of members : .....

14. Surname and first name of President .....

Profession (optional) ..... Contact @ .....

Postal address : .....

15. Surnames and first names of officers :

Vice-President ..... Profession (optional): .....

Treasurer ..... Profession: .....

Secretary ..... Profession: .....

Spiritual Adviser .....

## A BRIEF ACTIVITY REPORT

16. **Frequency of meeting** .....

17. What part does **prayer** play in the life of the Conference?

Traditional prayers at beginning and end of meeting

Spiritual reflection

Others (please specify) .....

18. Does your Conference practice **home visiting** (listening and sharing to establish a long-term bond)?

Frequent

Occasional

Non-existent

(between each meeting)

19. What are the **other activities** of the Conference? Several possible answers.

Financial or practical help .....

(state which) .....

Help to people in their own homes.....

Evangelisation .....

Special works (drop-in centre) .....

Micro-enterprise (rural or economic sector).....

Other (give details):

.....

.....

20. Have members received Vincentian training ?  YES  NO  
If yes, what form was this ? : .....

21. What activities are carried out together with the parish or establishment or other Institutions (schools, hospital, workplace, etc) ?

Several possible answers.

Masses

Vincentian commissioning ceremony

Vincentian feast days

Collections

Services given to the parish

Others (please specify) .....

21. Does the Conference President (or a representative) attend District Council/Area Council meeting?

YES  NO

22. Do you attend festival meetings with other Conference in the area?

YES  NO

Please specify : .....

23. How was the Conference started (Several possible answers)

At the request of the Parish

At the initiative of Vincentians

At the initiative of the Vincentian Family (Lazarist Fathers, Daughters of Charity, Religious of St. Vincent de Paul)

Others : (give details)

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24. Is the Conference twinned? YES  NO

\*

This form has been completed by : Surname, first name and Vincentian role .....

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**FORM CERTIFIED AS CORRECT**

Date and Signature  
**Conference President**

Date and Signature  
**Area Council President**

Date and Signature  
**Central  
Council President**

Date and Signature  
**National  
Council President**