



CGI – PARIS use only:  
1. Date of Aggregation  
.....  
2. Aggregation N°:  
.....

## AGGREGATION REQUEST FORM (to be completed in block letters)

3. <b>National or assimilated Council:</b> .....
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 N° ..... 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 | } |             |
| <input type="checkbox"/> A hospital             |   | Name: ..... |
| <input type="checkbox"/> A school               |   |             |
| <input type="checkbox"/> A university           |   |             |
| <input type="checkbox"/> A workplace            |   |             |
| 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 Councils** to which the Conference belongs, from the nearest to the furthest:
- .....
- .....
- .....

## 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 meetings** .....

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 (school, hospital, workplace, etc.)?

*Several possible answers.*

- Masses
- Vincentian commissioning ceremony
- Vincentian feast days
- Collections
- Services given to the parish

Others (please specify) .....  
.....

22. Does the Conference President (or a representative) attend District Council meetings?  YES  NO

23. Do you attend festival meetings with other Conferences in the area?  YES  NO

*Please specify:* .....

24. 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)

Other: (give details) .....  
.....

25. Is the Conference twinned?  YES  NO

\*

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

**FORM CERTIFIED AS CORRECT**

Date and signature  
**Conference President**

Date and signature  
**National Council President**