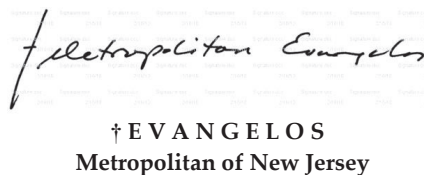


Please complete this form
under the direction of His
Eminence Metropolitan
Evangelos of New Jersey



Date: _____

Main point of contact information -

First name: _____

Last name: _____

Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Names of family members who reside with you attending church today:

_____	_____
_____	_____
_____	_____