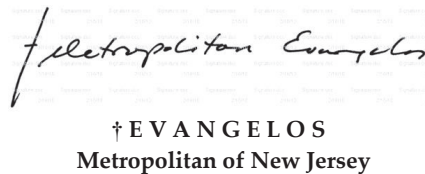


Please complete this form  
under the direction of His  
Eminence Metropolitan  
Evangelos of New Jersey



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:

_____	_____
_____	_____
_____	_____