

DIOCESE OF NEW JERSEY
NOMINATION RECOMMENDATION FORM

Print or type all information using separate form for each person recommended
This form may be duplicated as needed
Submit no later than October 14, 2005

Name of Office: _____ Lay ____ Clergy ____

Name of Person Being Recommended: _____
Print full name

Address: _____
Street

City State Zip

Telephone: Day: _____ Evening: _____

Cell: _____ E-mail: _____

Name and Place of Parish: _____
Parish Town

In the space below, please provide a statement of qualification in **75 words or less** to be used in the nominating committee's final report to the convention. This statement may be submitted by anyone, **including the nominee him/herself**. *(Any additional materials may be attached separately for the committee's consideration.)*

Name of Person
Submitting This Recommendation: _____
Print full name

Address: _____
Street

City State Zip

Telephone: Day: _____ Evening: _____

Cell: _____ E-mail: _____

Name and Place of Parish: _____
Parish Town

Has the nominee agreed to serve if elected? Yes ____ No ____

Please submit all nominations to:
The Rev. James C. McReynolds, Chair
Church of the Holy Communion
7 Church Street
Fair Haven, NJ 07704-3320
732 845-1882
Fax 732 845-1981 E-mail: holycommunionFH@aol.com

SUBMIT
NO LATER THAN
OCTOBER 14, 2005