

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. Please submit no later than **October 15, 2009.***

Name of office: _____ Lay _____ Clergy _____

Person being recommended: _____
Print full name

Address: _____
Street City State Zip

Telephone -
Day: _____ Evening: _____ Cell: _____

E-mail: _____

Parish and Town: _____
Parish Town

In the space below or reverse side, 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.)*

Person submitting this form: _____
Print full name

Address: _____
Street City State Zip

Telephone -
Day: _____ Evening: _____ Cell: _____

E-mail: _____

Parish and Town: _____
Parish Town

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

Please submit all nominations to:

The Rev. Petrina M. Pyatt, Chair
C/o Diocese of New Jersey
808 West State Street
Trenton, NJ 08618
856 299-6038
E-mail: motherpoms@comcast.net

SUBMIT BY
OCTOBER 15, 2009