

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, 2008.

Name of office: _____ Lay ____ Clergy ____

Person being recommended: _____
Print full name

Address: _____
Street

_____ City State Zip

Telephone - Day: _____ Evening: _____

Cell: _____ E-mail: _____

Name and town of parish: _____
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. The Nomination Committee reserves the right to edit statements of qualifications for length, clarity and appropriateness.

Person submitting this form: _____
Print full name

Address: _____
Street

_____ City State Zip

Telephone - Day: _____ Evening: _____

Cell: _____ E-mail: _____

Name and town of parish: _____
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: Pniknu@aol.com

**SUBMIT
NO LATER THAN
OCTOBER 15, 2008**