Retired Clergy / Clergy Widows

NAME	
ADDRESS	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE	
PHONE	
PARISH	
PARISH CITY, STATE/PROVINCE, ZIP/POSTAL CODE	
SIGNATURE	DATE

Retired Clergy only: Complete this section if your wife will attend the Council as an observer.

NAME	
SIGNATURE	DATE

This document and applicable activities fees must be forwarded by June 1, 2002 to: Orthodox Church in America - Preconciliar Commission, PO Box 675, Syosset, NY 11791-0675.

Preconciliar Commission Certification

AMOUNT	RECEIPT	DATE
REMARKS		