የመዝገብ ቁጥር:_____
File number

ደብረ ገነት አማኑኤል የኢትዮጲያ ኦርቶዶክስ ተዋህዶ ቤተክርስቲያን
Debre Genet Amanuel Ethiopian Orthodox Tewahedo Church

15 Dean St, West Orange, NJ, 07052

ቀን:_____
Date

ለአገልግሎት ጥያቄ ቅፅ

Service Request Form

General Information

ስም: _____ _____ _____
Name First name Middle name Last name

Residence: _____
Street Address

_____ _____ _____
City State Zip Code

Phone Number: _____

E-mail: _____

Requested Date of Service: ____ / _____ / ____

Reason for Service:

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Tel: 501-291-0068 **Email: debregenet@aeotcnj.org** **www.aeotcnj.org**