

**The Corporation for the Relief of Widows, Widowers and Children of
Clergy of the Protestant Episcopal Church
In the State of New Jersey**

APPLICATION TO BECOME A CONTRIBUTOR

I, _____, a clergy person of the Protestant Episcopal Church of the Diocese of _____ hereby make application to the Executive Committee to become a Contributor to the Fund of the Corporation for the Relief of Widows, Widowers and Children of Clergy of the Protestant Episcopal Church in the State of New Jersey.

I declare that I was born on _____ and am not over fifty-five years of age, and that I have been Canonically and actually resident in the State of New Jersey for not less than one year, and that I am in good bodily health and not subject to any disease likely to prove fatal.

Witness my hand this _____ day of _____, 20__.

Signature _____

Address _____

Witness: _____ Spouse/Partner: _____

_____ Spouse/Partner Date of Birth: _____

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***Note: A physician's certificate is not required except in that the Executive Committee reserves the right to question and to require a supplemental physician's certificate. (The Fundamental Laws: Part II, Article 2)**

This is to certify that I have examined the physical condition of the above person, the Reverend _____ and find her/him to be in good health and not the subject of any disease likely to prove fatal.

Witness my hand this _____ day of _____, 20__.

Signature _____

Address _____

Return application to Corporation for the Relief of Widows, c/o Episcopal Diocese of New Jersey,
808 West State Street, Trenton, New Jersey 08618; 609-394-5281