



UNITED CHAPLAINS INTERNATIONAL

EXCELENCIA*INTEGRIDAD*HONESTIDAD Y JUSTICIA

Register to the Department Of State
State of New York
Certificate of Corporation NO.F01 0709000515

<p>Board of directors</p> <p>President Rev. Dr. Jose Figueroa</p> <p>Vice President Marcos A. Nogueira</p> <p>Supervisor Rev. Manuel Martinez</p> <p>Directors Rev. Beatriz Torres Lic. Helio Dos Santos</p> <p>Secretary Lic. Miriam Rivera</p> <p>Overseas Representative Rev. Dr. Carlos Lima</p>	<p>Last Name _____ (sobrenome)</p> <p>Name and Middle Name _____ (Nome y sobrenome)</p> <p>Address _____ (endereço)</p> <p>City And State _____ (Cidade y Estado)</p> <p>Zip Code _____ (Cep)</p> <p>Identidade No. _____</p> <p>Personal Information (Informacion Personal)</p> <p>Date Of birth _____ (Data de nacimiento) Day (Dia) Month (Mes) Year (Año)</p> <p>Height _____ Weight _____ Eyes color _____ Hair color _____ (Altura) (Peso) (Ojos) (Cabello)</p> <p>Are you a Pastor, Elder Deacon Evangelist? explain; _____ Seou titulo: pastor, leigo,Evangelista? explique</p> <p>Church Name _____ Tel _____ (nome da Igreja)</p> <p>Address _____ (endereço)</p> <p>Pastor Name _____ Tel. _____ (Nome do Pastor)</p> <p>*****</p> <p>Note: It is important for this organization that you be an active member of a church in which they practice the correct teaching of the scriptures.</p> <p>I, _____ give authorization to the executive personnel of The United Chaplains International to access my records and my personal files. Any false information written on this application will result in the immediate disqualification, and my application will be denied.</p> <p style="text-align: center;">Signature _____</p>
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