

(ሙሉ ፍትሀት)

## በኢትዮጵያ ኦርቶዶክስ ተዋሕዶ ቤተክርስትያን የምሥራቅ ካናዳ ሀገረ ስብከት ቅድስት ማርያም ካቴድራል ቶሮንቶ አንታሪዮ



## ETHIOPIAN ORTHODOX TEWAHEDO CHURCH EASTERN CANADA DIOCESE, SAINT MARY CATHEDRAL, TORONTO, ONTARIO

## **Service Request Form - Memorial** Name of the Person Requesting the Service \* (አንልግሎቱን የሚጠይቀው ሰው ሙሉ ስም) First Name Last Name Address of the Person Requesting the Service \* (አገልግሎቱን የሚጠይቀው ሰው ሙሉ አድራሻ) Email (ኢ*ሜ*ል) **Home Phone Cell Phone** (የቤት ስልክ) (የሞባይል ስልክ) Appartment/House No. Street Name (የኢፓርትመንት/የቤት ቁጥር) (የ*መንገ*ድ ስም) Province / State City **Postal** (ክፍለ ሀገር) (ከተማ) Code About the Service \* (ስለ አንልግሎቱ) Date of Service \* (አንልግሎቱ የሚፈጸምበት ቀን) Type of Memorial Service Requested (Simple OR Full)\* (የመታሰቢያው አገልግሎት አይነት - <mark>ሙሉ ፍትሀት **ወይም** ስም ማስጠራት</mark>) Baptismal Name of the Deceased \* (የጧቸ ክርስትና ስም) Payment (ክፍያ) Simple Memorial For Members For Non-Members \$25.00 CAD \$50.00 CAD (ስም ማስጠራት) (ለአባላት) (አባል ላልሆኑ) **Full Memorial** For Members For Non-Members \$50.00 CAD \$100.00 CAD

(አባል ላልሆኑ)

(ለአባላት)