

# Orthodox Veterans in the Greek Orthodox Metropolis of Atlanta

Please mail to: **Lekita W. Essa**  
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**Veteran Full Name** \_\_\_\_\_ **Branch of Service** \_\_\_\_\_

**Parish** \_\_\_\_\_ **Contact Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Numbers** \_\_\_\_\_ **Born** \_\_\_/\_\_\_/\_\_\_ **Died** \_\_\_/\_\_\_/\_\_\_

**Family Member Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

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