Membership Application
ST. VASILIOS GREEK ORTHODOX CHURCH
5 Paleologos Street
Peabody, MA 01960
978-531-0777
Diocese of Boston - Archdiocese of America

NAME_____
(Last) (First) (Middle Initial)
Maiden Name (if applicable)_____

Street Address_____

City & Zip Code_____Marital Status_____
(Single/Married/Other specify)

Telephone_____Occupation_____

Date of Birth_____Place of Birth_____

Have you been baptized or chrismated in the Orthodox Church? Yes_____ No_____

Community of previous membership_____

If married, have you been married in the Orthodox Church? Yes_____ No_____

If divorced, have you obtained an ecclesiastical (church) divorce? Yes_____ No_____

Name of spouse_____Occupation_____
(maiden name if applicable)
Spouse's Birthdate_____
Children's names & date of birth (if applicable):

_____ _____

_____ _____

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_____ _____

SIGNATURE_____DATE_____