

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):

_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURE _____ **DATE** _____