

THE ROMANIAN ORTHODOX EPISCOPATE OF AMERICA

Application for Parish Membership

NAME OF PARISH INTO WHICH MEMBERSHIP APPLICATION IS MADE _____

CITY _____ STATE OR PROVINCE _____

FAMILY/LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ MAIDEN NAME _____

STREET ADDRESS _____ APARTMENT _____

CITY _____ STATE OR PROVINCE _____ ZIP/POSTAL CODE _____

()

TELEPHONE: AREA _____ DATE OF BIRTH _____ CITIZENSHIP _____

CITY OF BIRTH _____ STATE OR PROVINCE _____ COUNTRY _____

NAME OF FATHER _____ NAME OF MOTHER & MAIDEN NAME _____

IF BAPTIZED ORTHODOX:

Baptized by Rev. Fr. _____

Parish Church _____ date ___/___/___/

City/State or Province _____

IF CONVERTED TO ORTHODOXY:

Previous Religious Affiliation _____

Parish Church _____

Location _____

Ritual Of Acceptance:

[] Baptism [] Chrismation [] Declaration of faith

Priest Serving: _____ Date ___/___/___/

IF TRANSFERRING FROM ANOTHER ORTHODOX PARISH:

Name of Parish _____

City/State/Province _____

Diocese _____

FAMILY STATUS

Single Married Widow(er) Divorced

IF MARRIED:

Name of Spouse _____ Birth Date ___/___/___/

Religious Affiliation _____

Date of Marriage ___/___/___/ Officiant _____

Church Affiliation _____

City/ State or Province _____

CHILDREN:

Name	Birth Date	Baptism & Date	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMARKS:

Signature: _____

Date: _____