

ORTHODOX CHURCH IN AMERICA

6850 North Hempstead Turnpike • P.O. Box 675 • Syosset, New York 11791-0675
His Beatitude, the Most Blessed Metropolitan TIKHON, Primate

Questionnaire for Admission into the Ranks of Clergy

Please type or print

GENERAL INFORMATION

Name _____
Last
First
Middle

Address _____

City _____ State _____ Zip _____ Home Phone _____

Social Security Number _____ E-mail _____

Citizenship _____ Date of Birth _____ Place of Birth _____

If naturalized U.S. or Candian or Mexican citizen:

On what date were you naturalized? _____ In what court? _____

Date of Baptism _____ Church, City of Baptism _____

Parents *(If one or both are deceased, please give year of death)*:

Father's Name _____

Mother's Name _____

Parish membership _____

EDUCATION

Level	School/College/University City/State	Degree Earned	Year	Major Field	Minor Field(s)
Secondary					
College or University					
Post- Graduate					
Theological					

Foreign Language Skills _____

Can you serve in English Church Slavonic Spanish French Other _____

ORDINATION

Rank	Date of Ordination	Church, City	Bishop and Jurisdiction
Diaconate			
Priesthood			
Monastic Vows			

Have you ever submitted to ordination outside the canonical limits of the Orthodox Church? Yes No
 If *yes*, please explain on back of application.

Have you ever been deposed from Holy Orders? Yes No
 If *yes*, please explain on back of application.

Have you ever been suspended from Holy Orders? Yes No
 If *yes*, please explain on back of application.

Have you ever transferred from one jurisdiction to another? Yes No
 If *yes*, please explain on back of application.

Are you now, or have you ever been, a member of any masonic or secret organization? Yes No
 If *yes*, please explain on back of application.

Have you ever been detained, held, indicted or summoned into court as a defendant? Yes No
 If *yes*, please explain on back of application. List the nature of the offense or violation, the name and location of the court or place of hearing, and the penalty or other disposition imposed in each case.

Do you have any physical disabilities or illness which could prevent you from fulfilling your duties? Yes No
 If *yes*, please explain on back of application.

CHARACTER REFERENCES

Please list four (4) character references, one of which must be your diocesan bishop.

Diocesan Bishop _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

MARITAL STATUS

Marital Status: Married Single Divorced Widowed Monastic

Date of Marriage _____ Church, City _____

Is this your first marriage? Yes No If *no*, please explain: _____

Wife's Maiden Name _____

Is this her first marriage? Yes No If *no*, please explain: _____

Wife's Date of Birth _____ Place of Birth _____

Date of Wife's Baptism _____ Church, City _____

Names and ages of children _____

Have you ever contracted a civil marriage? Yes No If *yes*, please explain: _____

If divorced, please explain: _____

PROFESSIONAL EXPERIENCE

Present occupation _____

Name and address of present employer _____

Have you ever held a position in the Church? Yes No If *yes*, please describe: _____

MILITARY STATUS

Have you ever served in the United States, Canadian or Mexican Armed Forces? Yes No If *yes*, which?

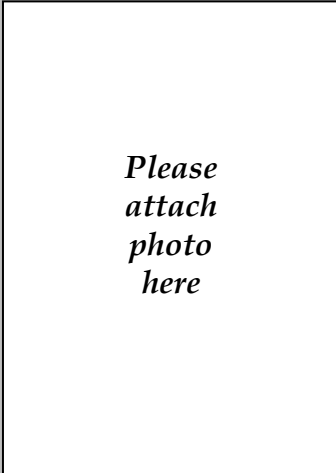
Present classification _____

Branch _____ Years _____ Rank _____

Discharged _____

Please use this space to explain answers noted on page two. You may attach additional sheets if necessary.

DOCUMENTATION



- Please attach the following documents or notarized photocopies:**
- | | |
|--------------------------------------|---|
| 1. Baptismal certificate | 6. Evidence of parish membership |
| 2. Marriage certificate | 7. Ordination certificate (if applicable) |
| 3. Wife's Baptismal certificate | 8. Military discharge (if applicable) |
| 4. Evidence of Education | 9. Other _____ |
| 5. Evidence of Theological Education | |

I certify that the above information is correct to the best of my knowledge.

Signature _____

Date _____

**Please return this application to: THE ORTHODOX CHURCH IN AMERICA
P.O. Box 675 Syosset, New York 11791**