

Orthodox Church in America DIOCESE OF THE MIDWEST

QUESTIONNAIRE FOR ADMISSION TO MINOR ORDERS

I. PERSONAL			
Name:			
Address:			
			Zip Code:
			1
Email:			
Parish:	و هم من هم من هو من هم من من من من الله عن من من من من من الله الله		و هو این
Rector:			
Place of Birth:		Date of I	Birth:
US Citizen (check one): Ye			
If "No," please explain you	r immigration status i	and/or the stat	us of your application for
US citizenship on the back	0		
• 1	• 11	1	1 0
Date of Baptism:			
-			
Church & City of Chrismat			
,			
Marital Status (check one):	Single Married	l 🗌 Divorc	ed 🗌
	0 -	·	se additional paper if needed.
Wife's Name:			
Wife's Date of Baptism: _			
-			
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Church ප City of Chrismat			
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Date of Marriage:			
Church ප City of Marriage	>. 	، سو میں سے میں سو میں میں میں میں سو میں ا	
Is this the first and only ma	arriage for both spe	uses? (check	one). Ves 🗌 No 🗍
If "No," please explain on t	•		
ij 110, picase expand on t	he back of this applica	11011. Ost uuu	
917 North Wood Street 🔸	Chicago, Illínois 60	622 • 312-2	202-0420 • www.domoca.org

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Children (Name, Age, Religious Affiliation): **II. EDUCATIONAL** Highest Level of Education Attained (check one): High School 🗌 | Vocational School 🗌 | College 🗌 | Seminary 🗍 | Professional School (including Law & Medicine) 🗌 | Graduate School 🦳 List institutions attended and degrees or qualifications earned (if any): Languages Spoken: _____ III. ECCLESIASTICAL Parish History (Parish, City, Years of Attendance): Have you ever been a member of another Orthodox jurisdiction? Yes $\Box \mid No \Box$ If so, which one(s): _____ If you answer "Yes" to any of the following questions, please explain on the back of this application. Use additional paper if needed. Have you left the Orthodox Church after Baptism or Chrismation? Yes 🗌 | No 🦳 Are you now, or have you ever been, a member of any masonic or secret organization? Do you have any physical, psychological, or other disabilities that could prevent you

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IV. CHARACTER REFERENCES

1.	Parish Rector:
	Email:
	Phone: ()
2.	Name:
	Relation:
	Email:
	Phone: ()
3.	Name:)
	Relation:
	Email:
	Phone: ()
	Num
4.	Name:
	Relation:
	Email:
	Phone: ()

Signature: _____ Date: _____

> Please return this form, along with all required attachments (additional answers, ecclesiastical and other certificates, rector's and other letters, etc.), to the Diocesan Chancery Office:

> > OCA Diocese of the Midwest 917 N Wood St Chicago, IL 60522

Or by email to chancery@domoca.org.