



BAPTIZED OR CHRISMATED
ORTHODOX CHRISTIAN?

NAME (First/Last) _____ YES _____ NO _____

BAPTISMAL NAME _____ DATE OF NAME DAY _____

SPOUSE (First/Last) _____ YES _____ NO _____

BAPTISMAL NAME _____ DATE OF NAME DAY _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER: (_____) _____

	Self	Spouse
Business Phone		
Cell Phone		
Occupation		
Email		

Names of Dependent Children	Birth Date	Name Day	Email (if applicable)

Please fill out both sides of the page entirely and return to the address below – Thank you.



HOLY TRINITY
GREEK ORTHODOX
CHURCH

Hellenic Greek Orthodox Church of Lowell

..... Holy Trinity 2020 Membership

Holy Trinity Greek Orthodox Church of Lowell

Attention: 2020 Membership / Support

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