

DIOCESE OF THE ARMENIAN CHURCH (EASTERN) 630 Second Avenue New York, NY 10016

DEPARTMENT OF MISSION PARISHES

Fr. Tateos R. Abdalian, Director 212-686-0710 dertateos@armeniadiocese.org

The Armenian Mission Parish of _____

Information Form

HEAD OF HOUSEHOLD
(Mr./Mrs./Ms. First Middle Last /Miss./Dr.) Street:
City: State: Zip:
Telephone: Home: Business: Cell:
E-mail address:
Date of Birth: Place of Birth:
Your Occupation:
Your Parents' Names:
Have you been baptized? Y (yes) N (no) In the Armenian Church? Y (yes) N (no)
If not the Armenian Church, in what Church were you baptized?
Place of baptism: When?
Marital Status: M (married) S (single) W (widowed) D (divorced)
If married, were you married in the Armenian Church? Y(yes) N (no)
If no, were you married by a priest? Y(yes) N (no) Place of Marriage:
FAMILY MEMBERS
SPOUSE
(include title Mr./Ms./Dr.) First Middle Last
Date of Birth: Place of Birth:
E mail address:
E-mail address:
Date of Birth: Place of Birth:
Your Parents' Names:
Your Parents' Names:
Have you been baptized? Y (yes) N (no) In the Armenian Church? Y (yes) N (no) If not the Armenian Church, in what Church were you baptized?
Place of baptism: When?
Marital Status: M (married) S (single) W (widowed) D (divorced)
Marital Status M (Married) S (single) W (widowed) D (divorced)
CHILDREN (Living at home)
Name Date of Birth E-mail Address
Is the Armenian Church the primary church you and you family attend? Yes No
If not, what Church is?
Are you a dues-paying member of the Armenian Church? Yes No
Another Church? Yes No Which Church?
Is your spouse a dues paying member of the Armenian Church? Yes No
Do you wish to remain on our mailing list? Yes No
2000 (4.00) (1.0

May we place you on our e-mail list? ____ Yes ____ No