



# HOLY TRINITY GREEK ORTHODOX CHURCH



## Parishioner Questionnaire 2014-2015, A Centennial Project

Please complete all sections of the enclosed questionnaire to the best of your ability. If you cannot complete the entire questionnaire, please provide whatever information is available to you. Some information is better than no information. We want to include everyone in the historical record. [Note: The Questionnaires will be stored in the Church Archives and access will be limited to the Proistamenos and the Archive Committee.]

The questionnaire has six sections and looks longer and more complex than it is. The six sections are:

1. Family Group Charts (yours and your parents);
2. Listing of your children and siblings;
3. Ancestry;
4. Religion;
5. Family History; and
6. Military History (if applicable).

When completing forms, use the following respondent types to guide you to the appropriate part of the questionnaire:

**Single Individual:** individuals who have never been married. Please complete all parts of the questionnaire labeled "SINGLE" in all sections as appropriate.

**Married Individual:** individuals who are married or who were married in the past (divorced, widowed). Please complete those parts of the questionnaire labeled "HUSBAND" and "WIFE" in all sections as appropriate.

References to Dallas, Texas, refer to the Dallas Metropolis and outlying areas – that is all areas connected to Holy Trinity Greek Orthodox Church regardless of whether the individual actually lived in Dallas itself. If "Dallas" is not appropriate for your family history, cross it out and enter in the correct city or geographical area.

Feel free to add handwritten or typed pages. Be sure to print your name at the top of each page.

**Please return the questionnaire as soon as possible but no later than April 1, 2015.** You may also drop it off at the Church office via the mail slot or mail it directly to Mary Sharpley at P.O. Box 940531, Plano, TX 75094. If you have any questions or concerns, please contact Mary Sharpley at 214-770-3726 or at [marydsharples@gmail.com](mailto:marydsharples@gmail.com).

**PLEASE PRINT CLEARLY.**

**FAMILY GROUP CHART**

Please print clearly. ☺

Name: \_\_\_\_\_

<b>Single person or Husband</b> of couple, complete this section, circle category.				<b><u>Wife of couple</u></b> , complete this section									
Name:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><i>First</i></td> <td style="width: 33%; padding: 2px;"><i>Middle</i></td> <td style="width: 33%; padding: 2px;"><i>Last</i></td> </tr> </table>			<i>First</i>	<i>Middle</i>	<i>Last</i>	Maiden Name:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><i>First</i></td> <td style="width: 33%; padding: 2px;"><i>Middle</i></td> <td style="width: 33%; padding: 2px;"><i>Last</i></td> </tr> </table>			<i>First</i>	<i>Middle</i>	<i>Last</i>
<i>First</i>	<i>Middle</i>	<i>Last</i>											
<i>First</i>	<i>Middle</i>	<i>Last</i>											
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Business/Profession:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				Business/Profession:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>							
Work Address:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				Work Address:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>							
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<input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired				<input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired									
Birthdate:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><i>City</i></td> <td style="width: 33%; padding: 2px;"><i>County</i></td> <td style="width: 33%; padding: 2px;"><i>State</i></td> </tr> </table>			<i>City</i>	<i>County</i>	<i>State</i>	Birthdate:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><i>City</i></td> <td style="width: 33%; padding: 2px;"><i>County</i></td> <td style="width: 33%; padding: 2px;"><i>State</i></td> </tr> </table>			<i>City</i>	<i>County</i>	<i>State</i>
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Marriage Date:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><i>City</i></td> <td style="width: 33%; padding: 2px;"><i>County</i></td> <td style="width: 33%; padding: 2px;"><i>State</i></td> </tr> </table>			<i>City</i>	<i>County</i>	<i>State</i>	Marriage Date:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;"><i>City</i></td> <td style="width: 33%; padding: 2px;"><i>County</i></td> <td style="width: 33%; padding: 2px;"><i>State</i></td> </tr> </table>			<i>City</i>	<i>County</i>	<i>State</i>
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To Whom:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>				To Whom:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>							
Current Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced				Current Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced									
Death:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr> <td style="width: 33%; padding: 2px;"><i>(Date)</i></td> <td style="width: 66%; padding: 2px;"><i>(Where)</i></td> </tr> </table>				<i>(Date)</i>	<i>(Where)</i>	Death:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr> <td style="width: 33%; padding: 2px;"><i>(Date)</i></td> <td style="width: 66%; padding: 2px;"><i>(Where)</i></td> </tr> </table>				<i>(Date)</i>	<i>(Where)</i>
<i>(Date)</i>	<i>(Where)</i>												
<i>(Date)</i>	<i>(Where)</i>												

**FAMILY GROUP CHART**

*Please print clearly.* ☺

**Name:** \_\_\_\_\_

<b>YOUR CHILDREN</b> (Please List in Birth Order)						
M/F	No.	Child's Name	Date of Birth	Place of Birth	Married (Date/Place/Spouse)	Died (Date/Place)
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

**FAMILY GROUP CHART**

Please print clearly. ☺

Name: \_\_\_\_\_

<b>PARENTS</b>			
<b>Single Person's or Husband's Father</b>		<b>Wife's Father</b>	
Full Name		Full Name	
Birth Date:		Birth Date:	
Place:		Place:	
Marriage Date:		Marriage Date:	
Place:		Place:	
Date of Death:		Date of Death:	
Place		Place	
<b>Single Person's or Husband's Mother</b>		<b>Wife's Mother</b>	
Full Name		Full Name	
Birth Date:		Birth Date:	
Place:		Place:	
Marriage Date:		Marriage Date:	
Place:		Place:	
Date of Death:		Date of Death:	
Place		Place	

**FAMILY GROUP CHART**

*Please print clearly.* ☺

**Name:** \_\_\_\_\_

**YOUR SIBLINGS**

**LIST THE NAMES AND BIRTH DATES OF YOUR BROTHERS AND SISTERS IN ORDER OF BIRTH.**

<b>Single Person's or Husbands"</b>	<b>Wife's</b>

**ANCESTRY**

Please print clearly. ☺

Name: \_\_\_\_\_

**SINGLE PERSON'S OR HUSBAND'S**

1.	From what country did your family immigrate to America?	5.	Marital Status	
2.	Who was the <b>first</b> in your family to settle in the Dallas Metropolitan area?	6.	At Migration:	
	Name:		Later:	
	Relationship to You:			
	Birthplace		Wife's Maiden Name:	
3.	If the person in question was from a foreign country and migrated to the USA, please list country and port of departure:			How did they meet?
	Month and Year:			
	Reason for Migration: <input type="checkbox"/> Economic; <input type="checkbox"/> Family; <input type="checkbox"/> Religious;			
	<input type="checkbox"/> Political; <input type="checkbox"/> Other:			
	Year and Port of Entry:		Number of Children at migration?	
	Was the entry direct to the USA or via another Country?		Number of Children born in the USA	
4.	Where did this person take up residence in the USA?	7.	Employment	
	Year Settled in Dallas area:		First job in USA	
	Reason for choosing this area: <input type="checkbox"/> Work; <input type="checkbox"/> Family; <input type="checkbox"/> Sponsored			
	<input type="checkbox"/> Other:		In Dallas area:	
	Was residence here permanent? <input type="checkbox"/> Yes / <input type="checkbox"/> No			
	If not, to what other cities and why?	Business Address:		
	Year of return and why:			
	Did this person help others coming to the Dallas area? <input type="checkbox"/> Yes; <input type="checkbox"/> No	8.	Did this person help organize the Holy Trinity Greek Orthodox church?	
	Names:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**ANCESTRY**

**Name:** \_\_\_\_\_

**WIFE'S**

1.	From what country did your family immigrate to America?	5.	Marital Status
2.	Who was the <b>first</b> in your family to settle in the Dallas, Texas Metropolitan area?	6.	At Migration:
	Name:		Later:
	Relationship to You:		Wife's Maiden Name:
	Birthplace		
3.	If the person in question was from a foreign country and migrated to the USA, please list country and port of departure:		How did they meet?
	Month and Year:		
	Reason for Migration: <input type="checkbox"/> Economic; <input type="checkbox"/> Family; <input type="checkbox"/> Religious;		
	<input type="checkbox"/> Political; <input type="checkbox"/> Other:		
	Year and Port of Entry:		Number of Children at migration?
	Was the entry direct to the USA or via another Country?		Number of Children born in the USA
4.	Where did this person take up residence in the USA?	7.	Employment
	Year Settled in Dallas area:		First job in USA
	Reason for choosing this area: <input type="checkbox"/> Work; <input type="checkbox"/> Family; <input type="checkbox"/> Sponsored		In Dallas area:
	<input type="checkbox"/> Other:		Business Address:
	Was residence here permanent? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
	If not, to what other cities and why?		
	Year of return and why:		
	Did this person help others coming to the Dallas area? <input type="checkbox"/> Yes; <input type="checkbox"/> No	8.	Did this person help organize the Holy Trinity or St. Barbara Greek Orthodox church? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Names:		

**CHURCH – RELIGIOUS AFFILIATION**

Please print clearly. 😊

Name: \_\_\_\_\_

**FAMILY HISTORY**

1.	Year you joined Holy Trinity? _____		6.	Memories. Please write a favorite story about growing up Greek Orthodox, or the experience of joining the church later (use extra paper as needed). Consider early efforts by AHEPA, meeting in halls, the Church on Swiss or Sanger or St. Barbara's.
	Why did you choose to become a member?			
2.	Were you baptized at Holy Trinity Greek Orthodox Church?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No; If "yes," when? _____		
	Who were your Godparents?			
3.	Were you married at Holy Trinity? <input type="checkbox"/> Yes <input type="checkbox"/> No.			
	If yes, when?	_____		
	Who were your Koumbari (Spiritual Witnesses)?			
4.	Current status with Holy Trinity? <input type="checkbox"/> Member <input type="checkbox"/> Other			
5.	Your involvement in the parish activities (list:			
			7.	Looking ahead – what things need to be included in planning for the future of this parish?



**FAMILY HISTORY**

*Please print clearly.* ☺

**Name:** \_\_\_\_\_  
*Person Completing Chart*

Please write a brief history of yourself and your family. Encourage children to participate in this project. Develop as you wish, but please consider early years (1900-1929); middle (1930-1960); and/or later years (1961 – present).


Select two or three photos to return with your questionnaire. Suggested possibilities are you as a child, as a young adult, wedding photo, family picture, military service, or group pictures of church members in activities. **All pictures must be dated and persons and activities identified.** Thank you.

