ST. THOMAS SYRO-MALABAR CATHOLIC FORANE CHURCH - SCARBOROUGH

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ADDRESS CHANGE / PROFILE UPDATE FORM – 2020

Please send both completed forms to: office@stthomasparishca.com
*KINDLY FILL IN ALL FIELDS ALONG WITH YOUR ENVELOPE NUMBER AND SIGNATURE

ENVELOPE NUMBER :	SIGNATURE :						
First Name:	Middle Name:						
Last Name:							
New Address:							
City:	Postal Code:						
Home Phone:	Cell Number:						
Email Address:							
Date of Birth: (dd/mm/yy)	Date of Baptism : (dd/mm/yy) Date of Marriage : (dd/mm/yy)						
Previous Address:							
We have been at this new ad	dress since:						
Current status in Canada (Student/Work Permit/P.R/Citizen):							
SPOUSAL INFORMATION							
First Name:							
Last Name:	Email:						
Date of Birth (dd/mm/yy)	Date of Baptism: (dd/mm/yy)						
DETAILS OF CHILDREN AND OTHER DEPENDENTS							

1.	(FIRST)	(MIDDLE)	(LAST)	Date of Birth (dd/mm/yy)	Date of Baptism : (dd/mm/yy)
2.	(FIRST)	(MIDDLE)	(LAST)	Date of Birth (dd/mm/yy)	Date of Baptism : (dd/mm/yy)
3.	(FIRST)	(MIDDLE)	(LAST)	Date of Birth (dd/mm/yy)	Date of Baptism : (dd/mm/yy)
4.	(FIRST)	(MIDDLE)	(LAST)	Date of Birth (dd/mm/yy)	Date of Baptism : (dd/mm/yy)