

ST. THOMAS SYRO MALABAR CATHOLIC FORANE CHURCH
EPHARCHY OF MISSISSAUGA

PARISH REGISTRATION FORM- 2020

Please send completed form to office@stthomasparishca.com

***KINDLY FILL IN ALL THE FIELDS ALONG WITH THE DATE AND SIGNATURE AT THE BOTTOM OF THE FORM**

ENVELOPE NUMBER

First Name:		Middle Name:	
Last Name:		Male/Female	
Address In Canada	Street :		
City:		Postal Code:	
Home Phone:		Cell Number:	
Date of Birth: (dd/mm/yy)	Date of Baptism : (dd/mm/yy)	Date of Marriage : (dd/mm/yy)	
Email address :			
Family name in India:			
We have been in Canada since : (dd/mm/yy)			
Status in Canada: Student / Work Permit/ Permanent Resident :			
Name of Home Parish in India :			
Diocese in India :			

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

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

REGISTRATION WILL ONLY BE ACCEPTED WITH A COPY OF BAPTISM/MARRIAGE CERTIFICATE

Date: _____

Signature: _____