

ST. THOMAS SYRO-MALABAR CATHOLIC FORANE CHURCH - SCARBOROUGH

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APPLICATION FOR NO OBJECTION CERTIFICATE

(SACRAMENT OF MARRIAGE)

Please note that all applications require a processing time of 2 weeks. Kindly apply well in advance to avoid any inconvenience.

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

Dear Father,

My name is and my details are as follows.
My Envelope number is & I belong to
Family Unit. Kindly accept my application to issue my Free State Certificate as I am to
celebrate my Marriage. Thank you for accepting my application.

Name of Applicant:	(first/Christian name)	(middle)	(last)
Baptismal Name:	Family Name:		
Name of Father:	(first)	(middle)	(last)
Name of Mother:	(first)	(middle)	(last)
CURRENT ADDRESS IN CANADA			
Street:		House/Apt#:	
City:		Postal Code:	
Phone:(home)		(Cell)	
Email address:			
Marriage Preparation Course attended - YES / NO			Dates attended -
Religion:		Envp. Number:	
Date of Birth:		Place of Birth:	
Date of Baptism:		Date of Confirmation:	
Native Diocese :		Home Parish:	
Kindly provide name of your native Church and address.			
PARISHIONERS REFERRING* YOU FOR YOUR FREE STATE CERTIFICATE:			
(Please enter 3 member's info)			
(first/Christian name)	(middle)	(last)	(ENVP NUMBER)
(first/Christian name)	(middle)	(last)	(ENVP NUMBER)
(first/Christian name)	(middle)	(last)	(ENVP NUMBER)

***Letter of Introduction should be emailed by the person referring you from their registered email address.**

Date: _____ Signature: _____
