ST. THOMAS SYRO-MALABAR CATHOLIC FORANE PILGRIM CHURCH, SCARBOROUGH, TORONTO, ONTARIO

EPARCHY OF MISSISSAUGA

PARISH REGISTRATION FORM (FOR FAMILIES)

Please send completed form to office@stthomasparishca.com

			ENVELOPE #:
First Name:			**Middle Name:**
Last Name:			**House Name:**
Profession:			**Email address:**
Apt/Unit#	**Street#**	**Street Name:**	
City:			**Postal Code:**
Home Phone:	**Cell Number:**		**Date of Birth:** DD/MM/YYYY
Date of Baptism: DD/MM/YYYY	**Date of Holy Communion** DD/MM/YYYY	**Date of Confirmation:** DD/MM/YYYY	**Date of Marriage:** DD/M M/YYYY
Include both Spouse's Names on Tax Receipts?		**Yes / No**	
Parish Name (India)		**Place:**	**Eparchy:**
Home Address (India):			
We have been in Canada since:			
Who all of you are in Canada?	**Wife** ☐	**Children: 1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐	
Status in Canada:	Student ☐	Work Permit ☐ Permanent Resident ☐	Citizen ☐

SPOUSAL INFORMATION

First Name:			**Middle Name:**
Last Name:			**Parish name (India):**
Email Address:			**Cell Number:**
Date of Birth: DD/MM/YYYY	**Date of Baptism:** DD/MM/YYYY	**Date of Holy Communion:** DD/MM/YYYY	**Date of Confirmation:** DD/MM/YYYY

1. DETAILS OF CHILDREN AND OTHER DEPENDENTS

Baptismal Name:			**First / Given Name:**
Middle Name:			**Last Name:**
Student/Employee:		**Gender:**	**M:** ☐ **F:** ☐
Email Address:			**Cell Number:**
Date of Birth: DD/MM/YYYY	**Date of Baptism:** DD/MM/YYYY	**Date of Holy Communion** DD/MM/YYYY	**Date of Confirmation:** DD/MM/YYYY

NB: REGISTRATION WILL BE COMPLETE ONLY WITH THE COPIES OF CHURCH MARRIAGE CERTIFICATE, BAPTISM CERTIFICATES OF ALL MEMBERS AND A LETTER FROM THE PARISH OF ORIGIN (INDIA)

2.

Baptismal Name:		**First / Given Name:**	
Middle Name:		**Last Name:**	
Student/Employee:		**Gender:** M: ☐ F: ☐	
Email Address:		**Cell Number:**	
Date of Birth: DD/MM/YYYY	**Date of Baptism:** DD/MM/YYYY	**Date of Holy Communion** DD/MM/YYYY	**Date of Confirmation:** DD/MM/YYYY

3.

Baptismal Name:		**First / Given Name:**	
Middle Name:		**Last Name:**	
Student/Employee:		**Gender:** M: ☐ F: ☐	
Email Address:		**Cell Number:**	
Date of Birth: DD/MM/YYYY	**Date of Baptism:** DD/MM/YYYY	**Date of Holy Communion** DD/MM/YYYY	**Date of Confirmation:** DD/MM/YYYY

4.

Baptismal Name:		**First / Given Name:**	
Middle Name:		**Last Name:**	
Student/Employee:		**Gender:** M: ☐ F: ☐	
Email Address:		**Cell Number:**	
Date of Birth: DD/MM/YYYY	**Date of Baptism:** DD/MM/YYYY	**Date of Holy Communion** DD/MM/YYYY	**Date of Confirmation:** DD/MM/YYYY

5.

Baptismal Name:		**First / Given Name:**	
Middle Name:		**Last Name:**	
Student/Employee:		**Gender:** M: ☐ F: ☐	
Email Address:		**Cell Number:**	
Date of Birth: DD/MM/YYYY	**Date of Baptism:** DD/MM/YYYY	**Date of Holy Communion** DD/MM/YYYY	**Date of Confirmation:** DD/MM/YYYY

SIGNATURE _____ **DATE** _____

Attached File: Baptism Certificate ☐ Marriage Certificate ☐