



ST. THOMAS SYRO-MALABAR CATHOLIC FORANE 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 <input type="checkbox"/> Children: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
Status in Canada: Student <input type="checkbox"/> Work Permit <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/>			

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: <input type="checkbox"/> F: <input type="checkbox"/>	
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: <input type="checkbox"/> F: <input type="checkbox"/>
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: <input type="checkbox"/> F: <input type="checkbox"/>
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: <input type="checkbox"/> F: <input type="checkbox"/>
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: <input type="checkbox"/> F: <input type="checkbox"/>
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