



# PARISH REGISTRATION FORM

Eparchy of Mississauga, Canada

## St. Mary's Syro-Malabar Catholic Church London

245 King Edward Ave., London, Ontario, Canada N5Z 3V1

www.stmaryslondon.ca Email: info@stmaryslondon.ca

Baptismal Name:		ENVELOPE #:	
First Name:		Middle Name:	
Last Name:		House Name:	
Profession:		Email address:	
Street#	Apt/Unit#	Street Name:	
City:		Postal Code:	
Home Phone:		Cell Number:	
Date of Birth: DD / MM / YYYY	Date of Baptism: DD / MM / YYYY	Date of Marriage: DD / MM / YYYY	
Include both Spouse Names on Tax Receipts? Yes / No			
Parish Name and Address (India):*			
We have been in Canada since:			
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:	Profession:
Email Address:	Cell Number:
Date of Birth: DD / MM / YYYY	Date of Baptism: DD / MM / YYYY

1.

### DETAILS OF CHILDREN AND OTHER DEPENDENTS

Baptismal Name:		First 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		Date of Marriage: DD / MM / YYYY	

2.

Baptismal Name:		First 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		Date of Marriage: DD / MM / YYYY	

3.

Baptismal Name:		First 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		Date of Marriage: DD / MM / YYYY	

4.

Baptismal Name:		First 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		Date of Marriage: DD / MM / YYYY	

5.

Baptismal Name:		First 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		Date of Marriage: DD / MM / YYYY	

SIGNATURE

DATE

Attached File: Baptism Certificate ☐ /Marriage Certificate ☐