



PARISH REGISTRATION / RENEWAL FORM
Christ the King Syro-Malabar Catholic Church, Saskatoon
(c/o St. Michael's Church, 18, 33rd Street East, SK S7K 0R7)
Eparchy of Mississauga, Canada

Registration No:			For Office Use Only
Baptismal Name:		Envelop #	
First Name:		Middle Name:	
Last Name:		House Name:	
Relation:		Gender:	
Profession:		Email address:	
Street#	Apt/Unit#	Street Name:	
City:	Province:	Postal Code:	
Home Phone:		Cell Number:	
DOB: 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	
Include both Spouse Names on Tax Receipts?		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Previous Parish:		Diocese:	
Deceased Member:		Family Unit:	
Parish Name and Address (India):			
We have been in Canada since:			
Status in Canada: <input type="checkbox"/> Citizen <input type="checkbox"/> PR <input type="checkbox"/> Student <input type="checkbox"/> Work Permit			

SPOUSAL INFORMATION

First Name:	Middle Name:
Last Name:	Baptismal Name:
Email Address:	Cell Number:
Profession:	DOB: DD/MM/YYYY Date of Baptism: DD/MM/YYYY

DECEASED MEMBER (If any)

Name:	Date of Deceased: DD/MM/YYYY
Relation:	

DETAILS OF CHILDREN AND OTHER DEPENDENTS**Child/ Dependent No: 1**

Baptismal Name:	First Name:
Middle Name:	Last Name:
Student/Employee:	Gender:
Email Address:	Cell Number:
DOB: 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

Child/ Dependent No: 2

Baptismal Name:	First Name:
Middle Name:	Last Name:
Student/Employee:	Gender:
Email Address:	Cell Number:
DOB: 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

Child/ Dependent No: 3

Baptismal Name:	First Name:	
Middle Name:	Last Name:	
Student/Employee:	Gender:	
Email Address:	Cell Number:	
DOB: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

Child/ Dependent No: 4

Baptismal Name:	First Name:	
Middle Name:	Last Name:	
Student/Employee:	Gender:	
Email Address:	Cell Number:	
DOB: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

Child/ Dependent No: 5

Baptismal Name:	First Name:	
Middle Name:	Last Name:	
Student/Employee:	Gender:	
Email Address:	Cell Number:	
DOB: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

Note: The Information given on this form is confidential.

I consent,

- ❖ To receive e-mail communications from Christ the King Parish–Saskatoon
- ❖ To share/use my contact information internally within the parish
- ❖ To post the group pictures (parish events) on the parish website and other means of social media used by the parish

Name and Signatures of every member who are 18yrs and older:

DATE: _____