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

**EPARCHY OF MISSISSAUGA** 

## PARISH REGISTRATION FORM (FOR UNMARRIED PERSONS)

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:				
Phone:			Cell Number:				
Date of Birth: DD/MM/YYYY  Date of Baptism: DD/MM/YYYY			Date of Flory Communication.			e of Confirmation:	
Name of the College	of Study:						
Parish Name (India)				Place:		Eparchy:	
Home Address (India	a):			•			
I have been in Canad	da since:						
Status in Canada: Student							
REGISTRATION WILL C	ONLY BE COMPLET	E WITH THE CO PARISH OF O		IFICAT	E <mark>AND A</mark>	A LETTER FROM TH	
SIGNATURE			DATE				
	Attached	File: Baptism Certificate	e $\square$				