



ST. MOTHER TERESA SYRO-MALABAR CATHOLIC PARISH, NIAGARA FALLS

6557 Thorold Stone Road, Niagara Falls, ON L2J 1B2

Website: www.syromalabarniagara.ca

email: office@syromalabarniagara.ca

PARISH REGISTRATION FORM

Please email completed form to: office@syromalabarniagara.ca

| PERSONAL INFORMATION | | | | | |
|---|--|--------------------------------------|---|---------------------------------------|----------------------------------|
| First Name: | | Middle Name: | | Last Name: | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Family (House) Name: | | | |
| Date of Birth: (dd / mm / yyyy) | | Date of Baptism: (dd / mm / yyyy) | | Date of Marriage: (dd / mm / yyyy) | |
| ADDRESS: | | | | | |
| Apt / Unit # | Street # | Street Name | | City | Postal Code |
| Phone Number: | | | Email: | | |
| In Canada since (mm / yyyy): | | Home Parish in India: | | Diocese in India: | |
| Status in Canada: | <input type="checkbox"/> Student / Work Permit | | <input type="checkbox"/> Permanent Resident | | <input type="checkbox"/> Citizen |
| FOR INTERNATIONAL STUDENTS ONLY: | | | | | |
| Name of College / University: | | Contact Name in India: | | Contact Number in India: | |

| SPOUSAL INFORMATION | | | | | |
|------------------------------------|--|--------------------------------------|--|---------------|--------|
| First Name: | | Middle Name: | | Last Name: | |
| Date of Birth: (dd / mm / yyyy) | | Date of Baptism: (dd / mm / yyyy) | | Phone Number: | Email: |

| DETAILS OF CHILDREN / DEPENDENTS | | | | |
|----------------------------------|------------------------------------|------------------------------|-------------------------------------|---|
| 1 | First Name: | Middle Name: | Last Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Date of Birth: (dd / mm / yyyy) | Baptism: (dd / mm / yyyy) | Holy Communion: (dd / mm / yyyy) | Confirmation: (dd / mm / yyyy) |
| 2 | First Name: | Middle Name: | Last Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Date of Birth: (dd / mm / yyyy) | Baptism: (dd / mm / yyyy) | Holy Communion: (dd / mm / yyyy) | Confirmation: (dd / mm / yyyy) |
| 3 | First Name: | Middle Name: | Last Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Date of Birth: (dd / mm / yyyy) | Baptism: (dd / mm / yyyy) | Holy Communion: (dd / mm / yyyy) | Confirmation: (dd / mm / yyyy) |
| 4 | First Name: | Middle Name: | Last Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Date of Birth: (dd / mm / yyyy) | Baptism: (dd / mm / yyyy) | Holy Communion: (dd / mm / yyyy) | Confirmation: (dd / mm / yyyy) |

Signature: _____

Date: _____

Files Attached: Birth Certificate Baptism Certificate Marriage Certificate

FOR OFFICE USE ONLY

Registration Number: _____

Family Unit: _____