



PARISH REGISTRATION FORM

Syro-Malabar Catholic Eparchy of Mississauga, Canada

St. Mother Teresa Syro-Malabar Catholic Church Niagara Falls

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

First Name:		ENVELOPE #:	
Middle Name:		Last Name:	
Baptismal Name:		House Name:	
Gender : M: F:		Family Unit:	
Date of Birth: DD / MM / YYYY	Date of Baptism: DD / MM / YYYY	Confirmation: DD / MM / YYYY	
Holy Communion: DD / MM / YYYY	Date of Marriage: DD / MM / YYYY	Profession:	
Status in Canada: Student <input type="checkbox"/> / Work Permit <input type="checkbox"/> PR <input type="checkbox"/> Citizen <input type="checkbox"/>			
We have been in Canada since: <input type="checkbox"/> <input type="checkbox"/>		Previous Parish: <input type="checkbox"/>	
Diocese in India: <input type="checkbox"/>		Email: <input type="checkbox"/>	
Home Phone:		Cell Number:	
Apt/Unit#	Street #	Street Name:	
Province:	City:	Postal Code:	
Include both Spouse Names on Tax Receipts? Yes / No			

SPOUSAL INFORMATION

First Name:		Middle Name:	
Last Name:		Baptismal Name:	
House Name:		Gender : M: F:	
Date of Birth: DD / MM / YYYY	Date of Baptism: DD / MM / YYYY	Confirmation: DD / MM / YYYY	
Holy Communion: DD / MM / YYYY	Date of Marriage: DD / MM / YYYY	Profession:	
Status in Canada: Student <input type="checkbox"/> / Work Permit <input type="checkbox"/> PR <input type="checkbox"/> Citizen <input type="checkbox"/>			
We have been in Canada since: <input type="checkbox"/> <input type="checkbox"/>		Previous Parish: <input type="checkbox"/>	
Diocese in India:		Cell Number:	
Email:			

DETAILS OF CHILDREN / OTHER DEPENDENTS

1.

Relation:

First Name		Middle Name:	
Last Name:		Baptismal Name:	
House Name:		Gender : M: F:	
Date of Birth: DD / MM / YYYY	Date of Baptism: DD / MM / YYYY	Confirmation: DD / MM / YYYY	
Holy Communion: DD / MM / YYYY	Date of Marriage: DD / MM / YYYY	Profession:	
Status in Canada: Student <input type="checkbox"/> / Work Permit <input type="checkbox"/> PR <input type="checkbox"/> Citizen <input type="checkbox"/>			
We have been in Canada since:		Previous Parish:	
Diocese in India:		Cell Number:	
Email:			

2.

Relation:

First Name		Middle Name:	
Last Name:		Baptismal Name:	
House Name:		Gender : M: F:	
Date of Birth: DD / MM / YYYY	Date of Baptism: DD / MM / YYYY	Confirmation: DD / MM / YYYY	
Holy Communion: DD / MM / YYYY	Date of Marriage: DD / MM / YYYY	Profession:	
Status in Canada: Student <input type="checkbox"/> / Work Permit <input type="checkbox"/> PR <input type="checkbox"/> Citizen <input type="checkbox"/>			
We have been in Canada since:		Previous Parish:	
Diocese in India:		Cell Number:	
Email:			

Use additional forms for more members*

SIGNATURE _____

DATE _____

Attached File: Baptism Certificate ☐ / Marriage Certificate ☐