



## PARISH REGISTRATION FORM

Eparchy of Mississauga

**St. Mother Teresa Syro-Malabar Catholic Church, Ottawa**

syromalabarottawa@gmail.com

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

### SPOUSAL INFORMATION

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

## DETAILS OF CHILDREN / OTHER DEPENDENTS

1.

Relation:

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

2.

Relation:

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

*Use additional forms for more members\**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Attached File: Baptism Certificate ☐ /Marriage Certificate ☐