



## PARISH REGISTRATION FORM

Eparchy of Mississauga

### ST. ALPHONSA SYRO-MALABAR CATHOLIC CATHEDRAL

6630 Turner Valley Rd, Mississauga, ON L5N 2P1

Tel: (905) 814-6003,

Email: [office@stalphonsacathedral.ca](mailto:office@stalphonsacathedral.ca); Website: [www.stalphonsacathedral.ca](http://www.stalphonsacathedral.ca)

<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:</b> <input type="checkbox"/> <b>F:</b> <input type="checkbox"/>		<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"/> Visit <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?</b> Yes / No			

#### 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:</b> <input type="checkbox"/> <b>F:</b> <input type="checkbox"/>	
<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"/> Visit <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:</b> <input type="checkbox"/> <b>F:</b> <input type="checkbox"/>	
<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"/> Visit <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:</b> <input type="checkbox"/> <b>F:</b> <input type="checkbox"/>	
<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"/> Visit <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  Date of Birth

**Registration will be approved until you submit the above mentioned documents.**