



## St. Alphonsa Syro-Malabar Catholic Parish, Cambridge

(Syro-Malabar Catholic Eparchy of Mississauga)

### PARISH REGISTRATION FORM

<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>Eparchy 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:</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 / Ci <input type="checkbox"/> n Visit <input type="checkbox"/> <input type="checkbox"/>			
<b>Cell Number:</b>			
<b>Email:</b>			



# St. Alphonsa Syro -Malabar Catholic Parish, Cambridge

(Syro-Malabar Catholic Eparchy of Mississauga)

## PARISH REGISTRATION FORM

**DETAILS OF CHILDREN / OTHER DEPENDENTS** (Use additional forms for more members)

1.

Relation:

<b>First Name Middle Name: F:</b>			
<b>Last Name:</b>		<b>Baptismal Name:</b>	
<b>Gender: M:</b> <input type="checkbox"/> <input type="checkbox"/>		<b>Profession:</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>Status in Canada:</b> Student <input type="checkbox"/> / Work Permit <input type="checkbox"/> / PR <input type="checkbox"/> Citizen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>Cell Number:</b>		<b>Email:</b>	

2.

Relation:

<b>First Name Middle Name: F:</b>			
<b>Last Name:</b>		<b>Baptismal Name:</b>	
<b>Gender: M:</b> <input type="checkbox"/> <input type="checkbox"/>		<b>Profession:</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>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>Cell Number:</b>		<b>Email:</b>	

Consent to take Photographs/videos during events and post it on Church/Eparchy websites and social media: YES

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Attached Documents: Baptism Certificate:  Marriage Certificate:  Parish Transfer Letter:

Registration will **NOT** be approved until you submit the above-mentioned documents.

Please fill out the required information, sign the form and email it to:

[stalphonsasyromalabarcc@gmail.com](mailto:stalphonsasyromalabarcc@gmail.com)



## St. Alphonsa Syro-Malabar Catholic Parish, Cambridge

(Syro-Malabar Catholic Eparchy of Mississauga)

### Pledge form

<b>Name:</b>
<b>Address:</b>
<b>Postal Code:</b>
<b>Tel No:</b>
<b>Email:</b>
<b>Void Cheque Enclosed:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

I/We authorize St. Alphonsa Syro-Malabar Catholic Parish ( St.Alphonsa Catholic Mission), Cambridge to debit from my/our account on the 1st of every month.

I/We wish to offer (select from options)

\$25/Month

\$50/Month

\$75/Month

\$100/Month

As payor, you may change or revoke your authorization at any time in writing subject to provide notice of 30 days. To obtain a sample cancellation form or more information on your right to cancel a PAD agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Parish Use Only**

Date received: \_\_\_\_\_ Date of Deduction: \_\_\_\_\_

**Please enclose a void cheque along with this form**