



## PARISH REGISTRATION FORM

Apostolic Exarchate for the Syro-Malabar Catholics in Canada

### **St. Jude Syro-Malabar Catholic Church Winnipeg**

556 St Anne Rd Winnipeg R2M 3G4

|   |   |                                     |  |
|---|---|-------------------------------------|--|
| <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 |  |
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| <b>Email:</b>   |   |                                     |  |

***Use additional forms for more members\****

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

Attached File: Baptism Certificate  /Marriage Certificate