



ST. JOHNPAUL II SYRO MALABAR CATHOLIC PARISH
EPARCHY OF MISSISSAUGA
REGINA, SK S4R 3G3, CANADA
PARISH MEMBERSHIP REGISTRATION FORM

Please send completed form to office@stjohnpaul2regina.org

***KINDLY FILL IN ALL THE FIELDS ALONG WITH THE DATE AND SIGNATURE AT THE BOTTOM OF THE FORM**

ENVELOPE NUMBER:		
First Name:		Middle Name:
Last Name:		Male/Female
Address In Canada		Street:
City:		Postal Code:
Home Phone:		Cell Number:
Date of Birth: (dd/mm/yy)	Date of Baptism: (dd/mm/yy)	Date of Marriage: (dd/mm/yy)
Email address:		
Family name in India:		
We have been in Canada since: (dd/mm/yy)		
Status in Canada: Student / Work Permit/ Permanent Resident:		
Name of Home Parish in India:		
Diocese in India:		

Spousal information

First Name:		
Last Name		Date of Baptism: (dd/mm/yy)
DoB(dd/mm/yy)		E-mail:

Details of Children and other Dependents

1.	(FIRST) (MIDDLE) (LAST)	Date of Birth (dd/mm/yy)	Date of Baptism : (dd/mm/yy)	Male/Female
2.	(FIRST) (MIDDLE) (LAST)	Date of Birth (dd/mm/yy)	Date of Baptism : (dd/mm/yy)	Male/Female
3.	(FIRST) (MIDDLE) (LAST)	Date of Birth (dd/mm/yy)	Date of Baptism : (dd/mm/yy)	Male/Female
4.	(FIRST) (MIDDLE) (LAST)	Date of Birth (dd/mm/yy)	Date of Baptism : (dd/mm/yy)	Male/Female

REGISTRATION WILL ONLY BE ACCEPTED WITH A COPY OF BAPTISM/MARRIAGE CERTIFICATE

Date: _____ Signature: _____

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