



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

NOC APPLICATION - BAPTISM

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

Name of Child:	(first/Christian name)	(last)
Name of Father:	(first)	(middle) (last)
Name of Mother:	(first)	(middle) (last)
Address:		
Street:	House/Apt#:	
City:	Postal Code:	
Phone:(home)	(Cell)	

Envelope Number :		
Child's Date of Birth:	(yyyy/mm/dd):	Place of Birth:
Proposed date of Baptism:	(yyyy/mm/dd)	
Proposed Church of Baptism:		

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

Date of Issue :
Other Remarks :

UPON RECEIPT OF REFERENCE LETTER

SIGNATURE: _____ **DATE:** _____