



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:** _____

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Nb: Please be advised that as a requirement for registration, a fee of CAD 100 is applicable.
This fee is designated as a contribution to support the activities and mission of the church