



# ST. ALPHONSA SYRO-MALABAR CATHOLIC CHURCH, CAMBRIDGE

Eparchy of Mississauga, 6630 Turner Valley Rd. Mississauga, On. L5N 2P1  
 Church Ceremonies Celebrated at the St. Ambrose Church,  
 210 South Street, Cambridge, ON, N1R 2P4

Vicar : Fr. George Joseph Changanamthundathil,  
 email: chjojofr@gmail.com, Mobile: +1 437 238 8605  
 www.stalphonsasyromalabarcatholicmission.com

## PARISH REGISTRATION FORM

<b>Baptismal Name:</b>		<b>ENVELOPE #:</b>	
<b>First Name:</b>		<b>Middle Name:</b>	
<b>Last Name:</b>		<b>House Name:</b>	
<b>Profession:</b>		<b>Email address:</b>	
<b>Street#</b>	<b>Apt/Unit#</b>	<b>Street Name:</b>	
<b>City:</b>		<b>Postal Code:</b>	
<b>Home Phone:</b>		<b>Cell Number:</b>	
<b>Date of Birth:</b> (DD/MM/YYYY)	<b>Date of Baptism:</b> (DD/MM/YYYY)	<b>Date of Marriage:</b> (DD/MM/YYYY)	
<b>Include both Spouse Names on Tax Receipts?</b> Yes <input type="checkbox"/> / No <input type="checkbox"/>			
<b>Parish Name and Address (India):</b>			
<b>We have been in Canada since:</b>			
<b>Status in Canada:</b> Student <input type="checkbox"/> / Work Permit <input type="checkbox"/> / Permanent Resident <input type="checkbox"/> / Citizen <input type="checkbox"/>			

### SPOUSAL INFORMATION

<b>First Name:</b>		<b>Middle Name:</b>	
<b>Last Name:</b>		<b>Baptismal Name:</b>	
<b>Email Address:</b>		<b>Cell Number:</b>	
<b>Profession:</b>	<b>Date of Birth:</b> (DD/MM/YYYY)	<b>Date of Baptism:</b> (DD/MM/YYYY)	

### Deceased Member (If any)

<b>Name:</b>	<b>Date of Deceased:</b> (DD/MM/YYYY)
<b>Relation:</b>	

### 1. DETAILS OF CHILDREN AND OTHER DEPENDENTS

<b>Baptismal Name:</b>		<b>First Name:</b>	
<b>Middle Name:</b>		<b>Last Name:</b>	
<b>Student/Employee:</b>	<b>Gender:</b>	<b>M:</b> <input type="checkbox"/>	<b>F:</b> <input type="checkbox"/>
<b>Email Address:</b>		<b>Cell Number:</b>	
<b>Date of Birth:</b> (DD/MM/YYYY)	<b>Date of Baptism:</b> (DD/MM/YYYY)	<b>Date of Holy Communion</b> (DD/MM/YYYY)	
<b>Date of Confirmation:</b> (DD/MM/YYYY)		<b>Date of Marriage:</b> (DD/MM/YYYY)	

2.

<b>Baptismal Name:</b>		<b>First Name:</b>	
<b>Middle Name:</b>		<b>Last Name:</b>	
<b>Student/Employee:</b>		<b>Gender :</b> M: <input type="checkbox"/> F: <input type="checkbox"/>	
<b>Email Address:</b>		<b>Cell Number:</b>	
<b>Date of Birth:</b> (DD/MM/YYYY)	<b>Date of Baptism:</b> (DD/MM/YYYY)	<b>Date of Holy Communion</b> (DD/MM/YYYY)	
<b>Date of Confirmation:</b> (DD/MM/YYYY)		<b>Date of Marriage:</b> (DD/MM/YYYY)	

3.

<b>Baptismal Name:</b>		<b>First Name:</b>	
<b>Middle Name:</b>		<b>Last Name:</b>	
<b>Student/Employee:</b>		<b>Gender :</b> M: <input type="checkbox"/> F: <input type="checkbox"/>	
<b>Email Address:</b>		<b>Cell Number:</b>	
<b>Date of Birth:</b> (DD/MM/YYYY)	<b>Date of Baptism:</b> (DD/MM/YYYY)	<b>Date of Holy Communion</b> (DD/MM/YYYY)	
<b>Date of Confirmation:</b> (DD/MM/YYYY)		<b>Date of Marriage:</b> (DD/MM/YYYY)	

4.

<b>Baptismal Name:</b>		<b>First Name:</b>	
<b>Middle Name:</b>		<b>Last Name:</b>	
<b>Student/Employee:</b>		<b>Gender :</b> M: <input type="checkbox"/> F: <input type="checkbox"/>	
<b>Email Address:</b>		<b>Cell Number:</b>	
<b>Date of Birth:</b> (DD/MM/YYYY) / /	<b>Date of Baptism:</b> (DD/MM/YYYY) / /	<b>Date of Holy Communion</b> (DD/MM/YYYY) / /	
<b>Date of Confirmation:</b> (DD/MM/YYYY)		<b>Date of Marriage:</b> (DD/MM/YYYY)	

Consent to take Photographs/Videos during events and post it on Church or Exarchate websites and Social Media:

Church and Exarchate Websites: YES  / NO

Social Media: YES  / NO

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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### PLEDGE FORM

NAME	
ADDRESS	
POSTAL CODE	
TEL. NO.	
EMAIL	

I wish to pledge CAD \_\_\_\_\_ per month for Sunday offertory donations to St. Alphonsa Syro Malabar Catholic Church, Cambridge through a pre-authorized payment automatic bank deduction on 1<sup>st</sup> of every month.

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

A tax receipt will be issued annually. Please notify to the respective Parish Trustees or Parish Accountant of any future changes of the account information.

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

**Thank you for your support**

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**For Parish use only**

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