



PARISH REGISTRATION / RENEWAL FORM
Christ the King Syro-Malabar Catholic Church, Saskatoon
 (c/o St. Michael's Church, 18, 33rd Street East, SK S7K 0R7)
 Eparchy of Mississauga, Canada

Registration No:		For Office Use Only	
Baptismal Name:		Envelop #	
First Name:		Middle Name:	
Last Name:		House Name:	
Relation:		Gender:	
Profession:		Email address:	
Street#	Apt/Unit#	Street Name:	
City:	Province:	Postal Code:	
Home Phone:		Cell Number:	
DOB: DD/MM/YYYY	Date of Baptism: DD/MM/YYYY	Date of Holy Communion: DD/MM/YYYY	
Date of Confirmation: DD/MM/YYYY		Date of Marriage: DD/MM/YYYY	
Include both Spouse Names on Tax Receipts? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No			
Previous Parish:		Diocese:	
Deceased Member:		Family Unit:	
Parish Name and Address (India):			
We have been in Canada since:			
Status in Canada: <input type="checkbox"/> Citizen <input type="checkbox"/> PR <input type="checkbox"/> Student <input type="checkbox"/> Work Permit			

SPOUSAL INFORMATION

First Name:		Middle Name:	
Last Name:		Baptismal Name:	
Email Address:		Cell Number:	
Profession:	DOB: DD/MM/YYYY	Date of Baptism: DD/MM/YYYY	

DECEASED MEMBER (If any)

Name:	Date of Deceased: DD/MM/YYYY
Relation:	

DETAILS OF CHILDREN AND OTHER DEPENDENTS

Child/ Dependent No: 1

Baptismal Name:		First Name:	
Middle Name:		Last Name:	
Student/Employee:		Gender:	
Email Address:		Cell Number:	
DOB: DD/MM/YYYY	Date of Baptism: DD/MM/YYYY	Date of Holy Communion: DD/MM/YYYY	
Date of Confirmation: DD/MM/YYYY		Date of Marriage: DD/MM/YYYY	

Child/ Dependent No: 2

Baptismal Name:		First Name:	
Middle Name:		Last Name:	
Student/Employee:		Gender:	
Email Address:		Cell Number:	
DOB: DD/MM/YYYY	Date of Baptism: DD/MM/YYYY	Date of Holy Communion: DD/MM/YYYY	
Date of Confirmation: DD/MM/YYYY		Date of Marriage: DD/MM/YYYY	

Child/ Dependent No: 3

Baptismal Name:		First Name:
Middle Name:		Last Name:
Student/Employee:		Gender:
Email Address:		Cell Number:
DOB:DD/MM/YYYY	Date of Baptism: DD/MM/YYYY	Date of Holy Communion: DD/MM/YYYY
Date of Confirmation: DD/MM/YYYY		Date of Marriage: DD/MM/YYYY

Child/ Dependent No: 4

Baptismal Name:		First Name:
Middle Name:		Last Name:
Student/Employee:		Gender:
Email Address:		Cell Number:
DOB:DD/MM/YYYY	Date of Baptism: DD/MM/YYYY	Date of Holy Communion: DD/MM/YYYY
Date of Confirmation: DD/MM/YYYY		Date of Marriage: DD/MM/YYYY

Child/ Dependent No: 5

Baptismal Name:		First Name:
Middle Name:		Last Name:
Student/Employee:		Gender:
Email Address:		Cell Number:
DOB:DD/MM/YYYY	Date of Baptism: DD/MM/YYYY	Date of Holy Communion: DD/MM/YYYY
Date of Confirmation: DD/MM/YYYY		Date of Marriage: DD/MM/YYYY

Note: The Information given on this form is confidential.

I consent,

- ❖ **To receive e-mail communications from Christ the King Parish–Saskatoon**
- ❖ **To share/use my contact information internally within the parish**
- ❖ **To post the group pictures (parish events) on the parish website and other means of social media used by the parish**

Name and Signatures of every member who are 18yrs and older:

DATE: _____