

**REGISTRATION FORM** 

NEW FAMILY

UPDATED INFORMATION

DATE:

## St. Alphonsa Syro-Malabar Catholic Church

5709 Oakland Rd, Baltimore, MD 21227 mail@syromalabarbaltimore.org Ph: 410-247-0240

PLACE OF BIRTH:	DATE OF BIRTH: MM/DD/YYYY	(RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD):	PLACE OF BIRTH:	DATE OF BIRTH: MM/DD/YYYY	(RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD):	PLACE OF BIRTH:	DATE OF BIRTH: MM/DD/YYYY	(RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD):	OTHERS IN THE HOUSEHOLD	PLACE OF BIRTH:	DATE OF BIRTH: MM/DD/YYYY	SPOUSE:	PLACE OF BIRTH:	DATE OF BIRTH: MM/DD/YYYY	HOME PHONE:	ADDRESS:	HEAD OF THE HOUSEHOLD:
PARISH IN INDIA (NAME & CITY):	DATE OF BAPTISM: MM/DD/YYYY	FIRST NAME: MID	PARISH IN INDIA (NAME & CITY):	DATE OF BAPTISM: MM/DD/YYYY PARISH IN INDIA (NAME & CITY):	FIRST NAME: MIDI	PARISH IN INDIA (NAME & CITY):	DATE OF BAPTISM: MM/DD/YYYY	FIRST NAME: MID		PARISH IN INDIA (NAME & CITY):	DATE OF BAPTISM: MM/DD/YYYY	FIRST NAME:	PARISH IN INDIA (NAME & CITY):	DAȚE OF BAPTISM: MM/DD/YYYY	CELL PHONE(1)	HOUSE NO. & STREET	FIRST NAME:
DIOCESE IN INDIA:		MIDDLE NAME:	DIOCESE IN INDIA:		MIDDLE NAME:	DIOCESE IN INDIA:		MIDDLE NAME:		DIOCESE IN INDIA:	-	MIDDLE NAME:					MIDDLE NAME:
	DATE OF CONFIRMATION: MM/DD/YYYY	LAST NAME:	• •	DATE OF CONFIRMATION: MM/DD/YYYY	LASTI	•••	DATE OF CONFIRMATION: MM/DD/YYYY	LASTI			DATE OF CONFIRMATION: MM/DD/YYYY		DIOCESE IN INDIA:	DATE OF CONFIRMATION: MM/DD/YYYY	CELL PHONE (2)	CITY	
NAME OF THE FATHER:	DATE OF COMMUNION: MM/DD/YYYY	NAME:	NAME OF THE FATHER:	DATE OF COMMUNION: MM/DD/YYYY	LAST NAME:	NAME OF THE FATHER:	DATE OF COMMUNION: MM/DD/YYYY	LAST NAME:		NAME OF THE FATHER:	DATE OF COMMUNION: MM/DD/YYYY	LAST NAME:		JN: MM/DD/YYYY			LAST NAME:
n	N: MM/DD/YYYY	FAMIL	*	N: MM/DD/YYYY	FAMIL	æ	N: MM/DD/YYYY	FAMIL		~	N: MM/DD/YYYY	2	NAME OF THE FATHER	DATE OF COMM	EMAIL (1)	STATE	,
NAME OF THE MOTHER:	DATE & PLACE OF MARRIAGE: MM/DD/YYYY	FAMILY NAME:	NAME OF THE MOTHER:	DATE & PLACE OF MARRIAGE: MM/DD/YYYYY	FAMILY NAME:	NAME OF THE MOTHER:	DATE & PLACE OF MARRIAGE: MM/DD/YYYY	FAMILY NAME:		NAME OF THE MOTHER:	DATE & PLACE OF MARRIAGE: MM/DD/YYYY	FAMILY NAME:	ATHER:	DATE OF COMMUNION: MM/DD/YYYY			FAMILY NAME:
	RIAGE: MM/DD/YYYY		-	RIAGE: MM/DD/YYYY		5-	RIAGE: MM/DD/YYYY			55	RIAGE: MM/DD/YYYY		NAME OF THE MOTHER:	DATE & PLACE OF MARRIAGE: MM/DD/YYYY	EMAIL (2)	ZIP CODE	

**MONTHLY PER FAMILY CONTRIBUTION: \$100** 

ONE TIME BUILDING FUND PER FAMILY: \$2500