St. Alphonsa Syro-Malabar Catholic Church

5709 Oakland Rd., Baltimore, MD., 21227
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Ph: 410-500-8388

REGISTRATION FORM DATE: ___/____/____			**NEW FAMILY**	**UPDATED INFORMATION**
HEAD OF THE HOUSEHOLD	FIRST NAME:	MIDDLE NAME	LAST NAME:	FAMILY NAME:
ADDRESS	HOUSE NO & STREET:	CITY	STATE	ZIPCODE
HOME PHONE NUMBER	CELL PHONE-1	CELL PHONE-2	EMAIL-1	EMAIL-2
DATE OF BIRTH	DATE OF BAPTISM (MM/DD/YY)	DATE OF CONFIRMATION (MM/DD/YY)	DATE OF COMMUNION (MM/DD/YY)	DATE & PLACE OF MARRIAGE (MM/DD/YY)
PLACE OF BIRTH	PARISH IN INDIA (NAME& CITY)	DIOCESE IN INDIA	NAME OF FATHER	NAME OF MOTHER
SPOUSE	FIRST NAME:	MIDDLE NAME	LAST NAME:	FAMILY NAME:
DATE OF BIRTH	DATE OF BAPTISM (MM/DD/YY)	DATE OF CONFIRMATION (MM/DD/YY)	DATE OF COMMUNION (MM/DD/YY)	DATE & PLACE OF MARRIAGE (MM/DD/YY)
PLACE OF BIRTH	PARISH IN INDIA (NAME& CITY)	DIOCESE IN INDIA	NAME OF FATHER	NAME OF MOTHER
OTHERS IN THE HOUSEHOLD				
RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD	FIRST NAME:	MIDDLE NAME	LAST NAME:	FAMILY NAME:
DATE OF BIRTH	DATE OF BAPTISM (MM/DD/YY)	DATE OF CONFIRMATION (MM/DD/YY)	DATE OF COMMUNION (MM/DD/YY)	DATE & PLACE OF MARRIAGE (MM/DD/YY)
PLACE OF BIRTH	PARISH IN INDIA (NAME& CITY)	DIOCESE IN INDIA	NAME OF FATHER	NAME OF MOTHER
RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD	FIRST NAME:	MIDDLE NAME:	LAST NAME:	FAMILY NAME:
DATE OF BIRTH	DATE OF BAPTISM (MM/DD/YY)	DATE OF CONFIRMATION (MM/DD/YY)	DATE OF COMMUNION (MM/DD/YY)	DATE & PLACE OF MARRIAGE (MM/DD/YY)
PLACE OF BIRTH	PARISH IN INDIA (NAME& CITY)	DIOCESE IN INDIA	NAME OF FATHER	NAME OF MOTHER
RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD	FIRST NAME:	MIDDLE NAME	LAST NAME:	FAMILY NAME:
DATE OF BIRTH	DATE OF BAPTISM (MM/DD/YY)	DATE OF CONFIRMATION (MM/DD/YY)	DATE OF COMMUNION (MM/DD/YY)	DATE & PLACE OF MARRIAGE (MM/DD/YY)
PLACE OF BIRTH	PARISH IN INDIA (NAME& CITY)	DIOCESE IN INDIA	NAME OF FATHER	NAME OF MOTHER
MONTHLY CONTRIBUTION PER FAMILY: $100.00			**ONE TIME BUILDING FUND PER FAMILY : $2500**	