

ST. THOMAS SYRO MALABAR CATHOLIC CHURCH

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REFERENCE LETTER FORM:

(SACRAMENT OF MARRIAGE)

Name of Applicant:	<small>(first/Christian name)</small>	<small>(middle)</small>	<small>(last)</small>
Name of Father:	<small>(first)</small>	<small>(middle)</small>	<small>(last)</small>
Name of Mother:	<small>(first)</small>	<small>(middle)</small>	<small>(last)</small>
Address:			
Street:		House/Apt#:	
City:		Postal Code:	
Phone:(home)		(Cell)	
Email address:			
Religion:		Envp. Number:	
Date of Birth:	<small>(yyyy/mm/dd):</small>	Place of Birth:	
Date of Baptism:	<small>(yyyy/mm/dd):</small>	Date of Confirmation:	<small>(yyyy/mm/dd):</small>
Proposed date of Marriage:	<small>(yyyy/mm/dd):</small>	Home Parish: Name of Parish Priest:	
PARISHIONERS REFERRING YOU FOR YOUR FREE STATE CERTIFICATE: (Please enter 3 member's info)			
<small>(first/Christian name)</small>	<small>(middle)</small>	<small>(last)</small>	<small>(ENVP NUMBER)</small>
<small>(first/Christian name)</small>	<small>(middle)</small>	<small>(last)</small>	<small>(ENVP NUMBER)</small>
<small>(first/Christian name)</small>	<small>(middle)</small>	<small>(last)</small>	<small>(ENVP NUMBER)</small>

SPOUSAL INFORMATION:

Name of Spouse:	<small>(first/Christian name)</small>	<small>(middle)</small>	<small>(last)</small>
Name of Father:	<small>(first)</small>	<small>(middle)</small>	<small>(last)</small>
Name of Mother:	<small>(first)</small>	<small>(middle)</small>	<small>(last)</small>
Address:			
Street:		House/Apt#:	
City:		Postal Code:	
Email address:			

OFFICE USE ONLY

Date of Issue:
Other Remarks:

Date: _____
Signature: _____