



St. Thomas Syro Malabar Catholic Church

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ADDRESS CHANGE / PROFILE UPDATE FORM – 2018

Please send both completed forms to: stthomasparishca@gmail.com

*KINDLY FILL IN ALL FIELDS ALONG WITH YOUR ENVELOPE NUMBER AND SIGNATURE

ENVELOPE NUMBER : _____ SIGNATURE : _____

First Name:		Middle Name:	
Last Name:			
<u>New Address:</u>			
City:		Postal Code:	
Home Phone:		Cell Number:	
Email Address:			
Date of Birth: (dd/mm/yy)	Date of Baptism : (dd/mm/yy)	Date of Marriage: (dd/mm/yy)	
<u>Previous Address:</u>			
We have been at this new address since:			

SPOUSAL INFORMATION

First Name:			
Last Name:		Email:	
Date of Birth (dd/mm/yy)		Date of Baptism: (dd/mm/yy)	

DETAILS OF CHILDREN AND OTHER DEPENDENTS

	(FIRST)	(MIDDLE)	(LAST)	Date of Birth (dd/mm/yy)	Date of Baptism : (dd/mm/yy)
1.					
2.					
3.					
4.					