

ST. THOMAS SYRO MALABAR CATHOLIC CHURCH

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REFERENCE LETTER FORM

(SACRAMENT OF FIRST HOLY COMMUNION)

*KINDLY FILL IN ALL THE FIELDS ALONG WITH THE DATE AND SIGN AT THE BOTTOM OF THE FORM

Name of Applicant:	(first/Christian name)	(middle)	(last)
Name of Father:	(first)	(middle)	(last)
Name of Mother:	(first)	(middle)	(last)
Address:			
Street:		House/Apt#:	
City:		Postal Code:	
Phone:(home)		(Cell)	
Email address:			

Grade in Catechism Class:	Envp. Number:		
Date of Birth:	(yyyy/mm/dd):	Date of Baptism	(yyyy/mm/dd):
Name of Catechism Teacher:			
Proposed Church of the Sacrament of Holy Communion (Name of church and address):			

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Date of Issue:
Attendance:
Other Remarks:
Completed Holy Communion Classes: