

ST. THOMAS SYRO MALABAR CATHOLIC CHURCH

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REFERENCE LETTER FORM:

(SACRAMENT OF MARRIAGE)

*KINDLY FILL IN ALL 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:			
Religion:	Envp. Number:		
Date of Birth:	(yyyy/mm/dd):	Place of Birth:	
Date of Baptism:	(yyyy/mm/dd):	Date of Confirmation:	(yyyy/mm/dd):
Proposed date of Marriage:	(yyyy/mm/dd):	Home Parish:	
Kindly provide name of Parish Priest and address of the Church			
PARISHIONERS REFERRING YOU FOR YOUR FREE STATE CERTIFICATE:			
(Please enter 3 member's info)			
(first/Christian name)	(middle)	(last)	(ENVP NUMBER)
(first/Christian name)	(middle)	(last)	(ENVP NUMBER)
(first/Christian name)	(middle)	(last)	(ENVP NUMBER)

SPOUSAL INFORMATION:

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

OFFICE USE ONLY

Date of Issue:
Other Remarks:

Date: _____
Signature: _____

