



# ST THOMAS SYRO MALABAR CATHOLIC CHURCH

8333 BRAUN ROAD, SAN ANTONIO, TX 78254

[www.stthomaschurchsa.org](http://www.stthomaschurchsa.org)

EST:11-09-2013

## PARISH MEMBERSHIP FORM

(Please complete ALL fields, Type N/A if not applicable )

Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Email: \_\_\_\_\_ Address : \_\_\_\_\_

Occupation : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Baptism Name: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Previous Parish: \_\_\_\_\_ Resident in USA since: \_\_\_\_\_

Your monthly contribution to church building fund:  200\$  250\$  300\$  350\$  OTH \_\_\_\_\_ \$

Marital Status:  Single  Married Marriage Place & Date : \_\_\_\_\_

Spouse First Name: \_\_\_\_\_ Spouse Last Name : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile : \_\_\_\_\_

Occupation : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Baptism Name: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Previous Parish: \_\_\_\_\_ Resident in USA since: \_\_\_\_\_

Your Parish Church and Address in Kerala : \_\_\_\_\_

\_\_\_\_\_ Diocese: \_\_\_\_\_



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Please provide the details for additional family members/children:

Member Name 1: \_\_\_\_\_ Birth Date: \_\_\_\_\_ CCD Class : \_\_\_\_\_

Email: \_\_\_\_\_ Phone : \_\_\_\_\_ Relationship : \_\_\_\_\_

Baptism Date \_\_\_\_\_  Confirmation Date: \_\_\_\_\_  Holy Communion Date : \_\_\_\_\_

Marriage Date \_\_\_\_\_ Marriage Location \_\_\_\_\_

Member Name 2: \_\_\_\_\_ Birth Date: \_\_\_\_\_ CCD Class : \_\_\_\_\_

Email: \_\_\_\_\_ Phone : \_\_\_\_\_ Relationship : \_\_\_\_\_

Baptism Date \_\_\_\_\_  Confirmation Date: \_\_\_\_\_  Holy Communion Date : \_\_\_\_\_

Marriage Date \_\_\_\_\_ Marriage Location \_\_\_\_\_

Member Name 3 : \_\_\_\_\_ Birth Date: \_\_\_\_\_ CCD Class : \_\_\_\_\_

Email: \_\_\_\_\_ Phone : \_\_\_\_\_ Relationship : \_\_\_\_\_

Baptism Date \_\_\_\_\_  Confirmation Date: \_\_\_\_\_  Holy Communion Date : \_\_\_\_\_

Marriage Date \_\_\_\_\_ Marriage Location \_\_\_\_\_

Member Name 4: \_\_\_\_\_ Birth Date: \_\_\_\_\_ CCD Class : \_\_\_\_\_

Email: \_\_\_\_\_ Phone : \_\_\_\_\_ Relationship : \_\_\_\_\_

Baptism Date \_\_\_\_\_  Confirmation Date: \_\_\_\_\_  Holy Communion Date : \_\_\_\_\_

Marriage Date \_\_\_\_\_ Marriage Location \_\_\_\_\_

Notes if any: \_\_\_\_\_

I would like to get contacted by a church staff \_\_\_\_\_

I certify that all of the information above is to the best of my knowledge and belief true, correct and complete.

\_\_\_\_\_

\_\_\_\_\_

Name and Signature

Date