ST. ALPHONSA SYRO MALABAR CATHOLIC FORANE CHURCH

(Eparchy of Mississauga)

9120, 146 Street, Edmonton, Alberta, T5R 0W2 | Ph.: +1 825-401-1789 | Email: vicar@sasmedm.com

PARISH REGISTRATION FORM

Fields	Head of the Family M / F	Spouse M / F
First Name:		
Middle Name		
Last Name:		
Baptism Name:		
Address in Canada		
City & Postal Code		
Family Unit:		
Cell Number:		
Emergency Number		
Date of Birth:		
Date of Baptism		
Date of Marriage:		
Email address:		
Family name in India:		
Address District & State		
Post and PIN:		
Parish in India		
Eparchy in India		
We came in Canada:	Month & Year:	Month & Year:
Profession:		
Status in Canada:	☐ Citizen ☐ PR ☐ Work Permit ☐ Student	☐ Citizen ☐ PR ☐ Work Permit ☐ Student

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DETAILS OF CHILDREN AND OTHER DEPENDENTS

No.	First Name / Middle Name / Last Name	Date of Birth	Baptism Name	Profession	M/F
1					
2					
3					
4					
5					

REQUIRED ATTACHMENTS

- 1. Transfer/Reference Letter from the previous Parish
- 2. Baptism Certificate
- 3. Confirmation Certificate
- 4. Marriage Certificate from the Church (if applicable)

All fields are mandatory.

DATE: _____ **SIGNATURE:** _____

ST. ALPHONSA SYRO MALABAR CATHOLIC FORANE CHURCH, EDMONTON

CRA Registration Number: 839660834RR0001

Pre-Authorized Debit (PAD) Agreement

Date: _____

I want to support St. Alphonsa Cathedral Catholic Forane Church Edmonton through monthly donations.

☐ **Please debit my bank account (attach void cheque)** ☐ $ 100 **or** Amount $ _____ every month.

Out of the monthly deducted amount, $ _____ (specify) to be treated as monthly church support fund and rest _____ to be treated as Building fund/New Property Fund.

The debit shall be processed from my account, starting from the month of _____

Donor Name as in Bank Records: _____

Address/Contact Information: _____

Email: _____ **Mobile:** _____

This donation is made on behalf of ☐ an Individual ☐ a business

TERMS & CONDITIONS

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit: **www.cdnpay.ca**

To make changes to the monthly contribution or to cancel, I will contact the church at:
St. Alphonsa Syro Malabar Catholic Forane Church
9120 146 Street NW, Edmonton Alberta
Tel: 780-716-9120 / 825 401 1789 or Email: **accounts@sasmedm.com**

I have certain recourse rights if any debit does not comply with this agreement.

For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.

Signature: _____