

**Our Lady of Perpetual Help
Syro-Malabar Catholic Mission of Greater Washington
MEMBER REGISTRATION FORM**

Family Name: _____ Home Phone: _____

Address: _____

Name: First _____ Middle _____ Last _____

Date of Birth: _____ Email: _____

Work Phone: _____ Mobile: _____ Fax: _____

Spouse Name: First _____ Middle _____ Last _____

Date of Birth: _____ Email: _____

Work Phone: _____ Mobile: _____ Fax: _____

<u>Names of Children</u>	<u>Date & Place of Birth</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INFORMATION ABOUT THE FAITH FORMATION OF THE CHILDREN

Name: _____ Date & Church of Baptism / 1st Communion /Confirmation _____

Names of Others living in your Household Relationship Date of Birth

_____	_____	_____
_____	_____	_____

What are some ways you would like the Syro-Malabar Mission of GW to help you?

What are some ways you would like to help the Syro-Malabar Mission of GW?

We would like to be registered as members of the Syro-Malabar Mission of Greater Washington.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Register Number:

Comments and Observations: