

**MEMBER**

**REGISTRATION FORM**

**St. George Syro-Malabar Catholic Church**

**408 Getty Avenue, Paterson, NJ 07503**

**Fr. Simmy Thomas (202) 569-3968**

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| **Member Information (USE CAPITAL LETTERS ONLY)** |
| **First Name, Middle Initial** | **Last Name** | **Family Name** | **M/F** | **Phone (Home)** | **Phone (Cell)** | **Email Address** |
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| **OTHER FAMILY MEMBERS LIVING WITH YOU** |
| **Name** | **Relation with the head** | **M/F** | **Phone (Home)** | **Phone (Cell)** | **Email Address** |
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| **HOME ADDRESS** |
|  |  |  |
| **Street:** |  | **Apt. #** |  |  |
| **City:** |  | **State:** |  | **Zip Code:** |  |  |
| **Please enroll me and my family as registered members of St. George Syro-Malabar Catholic Church, Paterson, New Jersey.** |
| **Name:** |  | **Date:** |  | **Signature:** |  |  |
|  |  |  |  |  |  |  |

**For office use only: Envelope # ( ) Family unit: ( ) Date: ( )**