To,

PARISH OFFICE

ST. THOMAS SYRO-MALABAR CATHOLIC FORANE CHURCH NY

From,

First Name ..... Envelope # .....

Last Name .....

House Name .....

Full Address.....

Email ID .....

Phone Numbers to contact you: .....

Church Document/Sacrament/Other Service Request

Please give details of your request. (If you need more space, please use page # 2.)

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I am a practicing Catholic, who is a registered and participating member (in Liturgy, activities, financial contribution) of St. Thomas Syro-Malabar Catholic Forane Church New York.

Sign. & Date

For Office use only. Once the Parish Council receives the completed form, your contribution history to the parish will be generated for reference. As per the General Body decision, Trustee approval is required for fulfillment of your request.

Comments:

Trustees, Sign