



# SACRED HEART SYRO-MALABAR CATHOLIC MISSION

## ST. LOUIS

615 DUNN ROAD HAZELWOOD, MO 63042

Email: [stlsacredheart@gmail.com](mailto:stlsacredheart@gmail.com)

### Membership Registration Form

Family Name: \_\_\_\_\_

Address: (Street) \_\_\_\_\_, Apt: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_, ZIP: \_\_\_\_\_

Date of Marriage: \_\_\_/\_\_\_/\_\_\_ Home Parish/Diocese (Kerala): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

NO	Family Members			Relationship	Date of Birth (MM/DD/YY)	Date of Baptism	Date of Holy Communion	Date of Confirmation
	First Name	Middle Name	Last Name					

We would like to be registered as members of the Sacred Heart Syro-Malabar Catholic Mission in St. Louis, MO

Signature of Head of the Family/Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY

Register No: -----

Signature of Mission Director: \_\_\_\_\_ Date: \_\_\_\_\_