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**ST. THOMAS MAR THOMA CHURCH – RAK**

**Edavaka Register/Members Directory**

**Name: Ref No. Area:**

**Present Address:**

**Company Name:**

**Profession:**

**Permanent Address:**

**Parent Parish:**

**Date of Birth:**

**Date of Marriage:**

**Tele-Res.........................................Off.......................................Mob..............................................**

**Email........................................................................................ Tele (back Home)............................**

**Details of dependants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relation** | **Profession** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Signature :**

**Date:**

***(Please submit the filled application form and family photograph to the vicar or send to secretary@rakmarthomachurch.com)***