



Immanuel Marthoma Parish-Ahmadi, Kuwait

APPLICATION FOR PARISH MEMBERSHIP

(Fill the form in "BLOCKLETTERS")

Recent
Photograph
35mm x 45mm

Name of Applicant Date of Birth
Blood Group Marital Status
Wedding Date

CONTACT DETAILS

Present Address
Permanent Address
Home Parish
Married Church
Present Mobile- WhatsApp- Sec. Mob No-
Permanent Mobile- Telephone- Email-
Diocese
Spouse Home Parish
Incase of Emergency: Name Contact No
Profession PACI NO
Civil ID Civil ID Validity

FAMILY DETAILS

Name	Relation	Blood Group	Date of Birth			Present in Kuwait	
			DD	MM	YY	Yes	No

I do hereby declare that the above mentioned information are correct and promise to abide by the constitution of Immanuel Marthoma Parish-Ahmadi. I am fully aware that the membership will be regularized only after producing a letter of confirmation from home parish as mentioned in Clause (9) of Immanuel Marthoma Parish-Ahmadi constitution 1934.

Signature:

INTRODUCED BY

Name of Parish Member	Church Membership No.	Signature

FOR OFFICE USE ONLY

Home Parish Letter	YES / NO	Membership No	
Received On		Prayer Group	

Treasurer

Secretary

Vicar