



# ST. JOHNPAUL II SYRO MALABAR CATHOLIC PARISH

EPARCHY OF MISSISSAUGA  
REGINA, SK S4R 3G3, CANADA

## APPLICATION FOR NO OBJECTION CERTIFICATE

(SACRAMENT OF MARRIAGE)

Please note that all applications require a processing time of 2 weeks. Kindly apply well in advance to avoid any inconvenience.

**\*KINDLY FILL UP ALL FIELDS ALONG WITH THE DATE AND SIGN AT THE BOTTOM OF THE FORM**

Dear Father,

My name is .....and my details are as follows. My Envelope number is ..... & I belong to ..... Family Unit. Kindly accept my application to issue my Free State Certificate as I am celebrating my Marriage. Thank you for accepting my application.

|  |  |                        |        |
|--|--|------------------------|--------|
| <i>Name of Applicant: (first/Christian name)</i> |  | (middle)               | (last) |
| Baptismal Name:                                  |  | Family Name:           |        |
| Name of Father: (first)                          |  | (middle)               | (last) |
| Name of Mother: (first)                          |  | (middle)               | (last) |
| CURRENT ADDRESS IN CANADA                        |  | Street:<br>House/Apt#: |        |
| City:  |  | Postal Code:           |        |
| Phone: (home)                                    |  | (Cell)                 |        |
| Email address:                                   |  |                        |        |
| Marriage Preparation Course attended - YES / NO: |  | Dates attended -       |        |

|  |          |   |               |
|--|----------|---|---------------|
| Religion:  |          | Envelop Number:   |               |
| Date of Birth:   |          | Place of Birth:   |               |
| Date of Baptism:   |          | Date of Confirmation:   |               |
| Native Diocese :   |          | Home Parish:(Kindly provide name of your native Church and address. ) |               |
| PARISHIONERS REFERRING* YOU FOR YOUR FREE STATE CERTIFICATE: (Please enter 3 member's info)<br><i>*Letter of Introduction should be emailed by the person referring you from their registered email address.</i> |          |   |               |
| (first/Christian name)   | (middle) | (last)  | (ENVP NUMBER) |
| (first/Christian name)   | (middle) | (last)  | (ENVP NUMBER) |
| (first/Christian name)   | (middle) | (last)  | (ENVP NUMBER) |

Date:

Signature:

55 MCMurphy Ave, Regina, Saskatchewan-S4R3G3, Canada

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Nb: Please be advised that as a requirement for registration, a fee of CAD 150 is applicable. This fee is designated as a contribution to support the activities and mission of the church