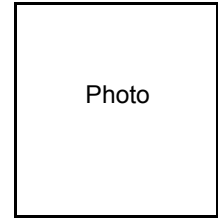# ST. THOMAS FORANE CHURCH, DHARMARAM
Association of Altar Boys
Application Form

Photo

Name: _____

Parents Name: _____

House Name: _____

Date of Birth: _____

Date of Baptism: _____

Date of First Holy Communion: _____

Date of Confirmation: _____

Baptismal Name: _____

Ph. No: _____

Class: _____

Address: _____

_____

_____

Suggest a day to assist Mass: _____

Year of Joining: _____

_____
Signature
Applicant

_____
Signature
Director