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| CSI Logo.jpg | | | St. Paul’s CSI Congregation  Ahmadi, Kuwait | | | | | | | 7, Sixth Street  North Ahmadi, Kuwait 64018 Phone: +965 9661 1056 email: vicar@csiahmadikuwait.com secretary@csiahmadikuwait.com | | | | | |
| Church Directory Registration & Update Form | | | | | | | | | | | | | | | |
| **HOF Name (Full):** | | | |  | | | | | | | | | **Blood Group:** | |  |
| **Date of Birth:** | | | |  | | | | | **Marital Status:** **Married** **Single** | | | | | | |
| **Home Parish:** | | | |  | | | | | | | | | | | |
| **Address:** | | | | **Kuwait** | | | | | **India** | | | | | | |
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| **Mobile No:** | | | |  | |  | | |  | | | | |  | |
| **Home Number:** | | | |  | |  | | |  | | | | |  | |
| **Office Number:** | | | |  | |  | | |  | | | | |  | |
| **Email Address:** | | | |  | | | | |  | | | | | | |
| **Wedding Date:** | | | |  | | | | | **Number of Children:** | | | | |  | |
| **SL.** | | **Name of Family Members** | | | | | | **Blood Group** | **Relationship** | | | | | **Date of Birth** | |
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| **Preferred Login ID**  **For website** | | | |  | Option 1 | |  | Option 2 | | |  | Option 3 | | | |
|  | | |  | | | |  | | | | |
| NOTE | 1. Please fill the form in BLOCK Letters and submit to the Vicar or the Church Secretary. 2. Forward a most recent family photo to [csiahmadikuwait@gmail.com](file:///H:\Laptop%20Files\My%20Web%20Sites\CSI%20Website%20-%20Backup\files\csiahmadikuwait@gmail.com) Title the photo with HOF name. 3. For Date of Birth and Wedding Date fields, just the date and Month will be required. | | | | | | | | | | **Verification** (Official Use Only) | | | | |
| Verified OK  Not Verified  Registered | | | | |

CSI Ahmadi Form 02 (25 Mar 2015)