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| CSI Logo.jpg | St. Paul’s CSI CongregationAhmadi, Kuwait | 7, Sixth Street North Ahmadi, Kuwait 64018Phone: +965 9661 1056email: vicar@csiahmadikuwait.comsecretary@csiahmadikuwait.com |
| Church Directory Registration & Update Form |
| **HOF Name (Full):** |       | **Blood Group:** |     |
| **Date of Birth:** |       | **Marital Status:** **[ ]  Married** **[ ]  Single** |
| **Home Parish:** |       |
| **Address:** | **Kuwait** | **India** |
|       |       |
|       |       |
|       |       |
|       |       |
| **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%3A%5CLaptop%20Files%5CMy%20Web%20Sites%5CCSI%20Website%20-%20Backup%5Cfiles%5Ccsiahmadikuwait%40gmail.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)