

# Madre dei Cristiani Church

7935 rue Lefebvre, LaSalle - Québec - Canada - H8N 2A9 Tel: 514-365-2830

## BAPTISM REGISTRATION

Number: \_\_\_\_\_ Folio: \_\_\_\_\_ Registration No: \_\_\_\_\_

Date of baptism: \_\_\_\_\_ Day and Time: **Saturday 3:30 pm** **Sunday 2:00 pm**  
Year/Month/Day

Language:  French  English  Italian

Meeting date: \_\_\_\_\_ Parents presents:  yes  no  
Year/Month/Day Godparents present:  yes  no

\_\_\_\_\_ Gender:  M  F  
**Baby** - Family Name **Baby** - First Name Middle Names

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Year/Month/Day City Province Country

\_\_\_\_\_ **Father** - Family Name **Father** - First Name Religion

\_\_\_\_\_ **Mother** - Family Name **Mother** - First Name Religion

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No. (home) Telephone No. (work /cell)

\_\_\_\_\_ Parish in area

\_\_\_\_\_ Church of Marriage Date of marriage: \_\_\_\_\_  
Year/Month/Day

\_\_\_\_\_ **Godfather** - Family Name **Godfather** - First Name Religion Age (16 yrs)

If living with someone, are you married by the Catholic Church?  yes  no  N/A Baptized and confirmed:  yes  no

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code

\_\_\_\_\_ **Godmother** - Family Name **Godmother** - First Name Religion Age (16 yrs)

If living with someone, are you married by the Catholic Church?  yes  no  N/A Baptized and confirmed:  yes  no

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code

Registration accepted by: \_\_\_\_\_