

# Madre dei Cristiani Church

7935 rue Lefebvre, LaSalle – Québec – H8N 2A9

Tel: 514-365-2830 Fax: 514-365-5719

Email : office@madredeicristiani.org

## BAPTISM REGISTRATION

Date of Baptism: \_\_\_\_\_  
Year/Month/Day

Day and Time: **Saturday at 10:00 am**

Language:  English  Italian

Meeting date: \_\_\_\_\_  
Year/Month/Day

**PLEASE ATTACH A COPY OF THE BABY'S BIRTH CERTIFICATE AND COPIES OF THE BAPTISM AND THE CONFIRMATION CERTIFICATES FOR THE PARENTS AND THE GODPARENTS.**

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

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

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

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

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

(\_\_\_\_\_) \_\_\_\_\_  
Telephone No. (home) Telephone No. (work/cell) **Parish** (in area where you live)

\_\_\_\_\_ **EMAIL (MOTHER)**

\_\_\_\_\_ **EMAIL (FATHER)**

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

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

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

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

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

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

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

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