

Paroisse Notre-Dame-de-Pompei

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Boxed sections for office use only

BAPTISM REGISTRATION

Number: _____ Folio: _____

Registration No: _____

Date of baptism: _____
Year/Month/Day

Day and Time: **Saturday 13:00 pm 15:00 pm 15:30 pm**
Change: _____

Language: English/Italian French/Italian

Conference date: _____
Year/Month/Day

Parents presents: yes no
Godparents present: yes no

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

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: _____