



Parish of Saint John Paul II

34 – 34th Avenue
Lachine, QC H8T 1Z2
Phone Number 514-637-2379
Fax Number 514-637-2370
Email resparish@bellnet.ca

PLEASE PRINT

BAPTISMAL INFORMATION

When completing this form please use the same information (i.e. names / spelling) that was used on the hospital form registering your child's birth or the copy of the birth certificate you received from l'état civil. This is also where you would find the registration number required. **Please include a copy of the Hospital Registration form or a copy of the government birth certificate.**

Child's Surname: _____

Child's Given Name: _____

Child's Other Given Names (if any): _____

Child's Date of Birth: _____

Place of Birth (Hospital and City): _____

Birth Registration Number: _____

PARENTS: Father: Mother:

Surname: _____ **Maiden Name:** _____

Given Name (s): _____ **Given Name (s):** _____

Mailing Address: _____ **Mailing Address:** _____

City _____ **Postal Code** _____ **City** _____ **Postal Code** _____

Telephone # _____ **Telephone #** _____

e-mail address _____ **e-mail address** _____

Religion: _____ **Religion:** _____

Parish of Parents: _____

Godfather's Surname: _____

Godfather's Name (as per his birth certificate): _____

Godfather's Religion: _____

Godfather's Address (City & Prov.): _____

Godmother's Maiden Name: _____

Godmother's Name (as per her birth certificate): _____

Godmother's Religion: _____

Godmother's Address (City & Prov.): _____

Baptism date assigned:
