

ARCHDIOCESE OF MONTRÉAL

ADMINISTRATIVE PROCEDURE FOR THE CORRECTION OF PARISH REGISTERS

- CHANCERY OFFICE -

2000 SHERBROOKE ST. WEST
MONTREAL, QUEBEC, H3H 1G4

(Please identify the concerned register)

Baptism Confirmation Marriage Funeral Burial

Name of parish :

(where the registers are kept)

Register of :

(parish where the religious act is recorded)

Name of person concerned :

(Family name followed by given name(s))

Date of registration of the religious act :

(Day/Month/Year)

Request for correction in a register :

Please check the box (boxes) below that correspond to the change(s) requested.

<input type="checkbox"/> Family name	<input type="checkbox"/> Date of birth	<input type="checkbox"/> Birthplace	<input type="checkbox"/> Parish
<input type="checkbox"/> Given name(s)	<input type="checkbox"/> Date of baptism	<input type="checkbox"/> Place of residence	<input type="checkbox"/> Adoption
<input type="checkbox"/> Father's name	<input type="checkbox"/> Date of confirmation	<input type="checkbox"/> Residence of spouse	<input type="checkbox"/> Dispensation
<input type="checkbox"/> Mother's name	<input type="checkbox"/> Date of marriage	<input type="checkbox"/> Place of death	<input type="checkbox"/> Publication
<input type="checkbox"/> Godfather's /-mother's name	<input type="checkbox"/> Date of death	<input type="checkbox"/> Place of burial	<input type="checkbox"/> Other
<input type="checkbox"/> Minister's / Celebrant's name	<input type="checkbox"/> Date of funeral	<input type="checkbox"/> Widow / Widower of	
<input type="checkbox"/> Spouse's name	<input type="checkbox"/> Date of burial	<input type="checkbox"/> Name of the deceased	
<input type="checkbox"/> Witness of the bride/groom		<input type="checkbox"/> Kinship of the deceased	

Which is the correction requested:

(Please print clearly)

Is this request in conformity with the civil registration? Yes No

Is there a reference or decision number? Yes No Number: _____
(If yes, please indicate the number)

Are the rights of the third party respected? Yes No

*** N.B. Each request must be supported by civil documents as well as extracts of the parochial registers. ***

SEAL *Date of request:*

Signature of the depositary of the registers. Canon 535 § 3.

* Correction to the parochial register authorized on :	* Correction of the Chancery register made on:
By :	By :