Information on Apostasy

Here are the information required for approval of your request:

- > Your birthdate;
- ➤ A letter signed by two witnesses and youlself;
- The name of the town and parish where your bapticism occured;
- > First and last names of your father;
- > First and last names of your mother;
- ➤ If possible, also send a copy of your baptism certificate.

Send your request to the Diocesan offices of the diocese in which you live. For Quebec:

Diocèse de Québec La Chancellerie 1073, boul. René-Lévesque Ouest Québec, QC, G1S 4R5

Also we would like to remind you that by renouncing the rights and duties which entailed your baptism, you can no longer act as godfather or godmother and will no longer have access to the sacraments as well as the Christian funeral rites.

We remain available if you need more information.

Sincerly yours

www.myspace.com/svalbardband

| Apostasy Act | |
|--|---------------------|
| Madam/Sir, | |
| I, Undersigned, | |
| Last Name : | First Name : |
| Address: | E21 . |
| Phone Number: | |
| Birthdate: | City: |
| Province: | Country: |
| Baptized (Date): | In the parish of: |
| In the city of: | Of the diocese of : |
| Mother Last Name: | First Nama |
| Last Name : Father | First Name : |
| Last Name: | First Name : |
| By the present document, I announce that I no longer want to be a member of this religion : | |
| In places where my name appears in a baptismal register, I ask that it be indicated "In given up his/her baptism by document dated of:" | |
| Furthermore, I ask that you delete my name of the baptismal list of the diocese of : | |
| Also please send me a written confirmation mentioning this withdrawal. | |
| Looking forward to your written confirmation, yours truly. | |
| Signature : | Date : |
| In front of the following witnesses which give evidence that this act is voluntary and established without any constraint. | |
| Witness 1 | |
| Last Name : | First Name : |
| Address: | |
| Signature : | Date : |
| Witness 2 | |
| Last Name : | First Name : |
| Address: | |
| Signature : | Date : |