



ANCESTRY TREE APPLICATION FORM
ASSOCIATION DES LABRECQUE
2024

(Use printed letters, except for signature)

FIRST AND FAMILY NAME	_____
DATE OF BIRTH	DAY () MONTH () YEAR ()
COMPLETE POSTAL ADDRESS	_____ _____ _____
EMAIL ADRESS	_____ @ _____
PHONE NUMBER	() _____ - _____
FATHER'S FIRST AND FAMILY NAME	_____
FATHER'S DATE OF BIRTH	DAY () MONTH () YEAR ()
MOTHER'S FIRST AND FAMILY NAME	_____
MOTHER'S DATE OF BIRTH	DAY () MONTH () YEAR ()
Labrecque GRAND-PARENTS FIRST AND FAMILY NAME	_____ _____
Payment method of 25\$ ¹ I ADD A DONATION	CHÈQUE () INTERAC () AMONT OF DONATION : _____ \$
SIGNATURE	_____

PAYMENT BY CHECK : check payable to « Association des Labrecque » ; mail to the following address : 1961 boulevard René-Lévesque ouest, Québec, QC, G1S 1X8

PAYMENT BY ETRANSFER : make the total transfer to the treasurer's email address: couturejaque77@gmail.com with the label: "ancestry tree". The security question must be answered with the word Labrecque.

¹ 25\$ canadiens au Canada et 25\$ US aux États-Unis.