



Sacrament of Baptism
in the Parish of St Francis Xavier, Ballina
Email: office@sfxballina.org.au or Ph no. 02 6681 1048

Child's Details

CHRISTIAN NAME(S)
SURNAME
DATE OF BIRTH
PLACE OF BIRTH

Name of Godparent(s)

Must be a Baptised and Confirmed Catholic, 16 years or older

FULL NAME	
BAPTISM CERTIFICATE TO OFFICE	YES <input type="checkbox"/> NO <input type="checkbox"/>
FULL NAME	

PREFERRED DATE & PLACE OF BAPTISM DATE:	ST FRANCIS XAVIER, BALLINA (Saturday) <input type="checkbox"/>
	HOLY FAMILY, LENNOX HEAD (Sunday) <input type="checkbox"/>

Parent/Guardian's Details

Please ensure form is signed by BOTH parents/guardians

RESIDENTIAL ADDRESS
PHONE NUMBER
EMAIL ADDRESS

Father

FULL NAME		
RELIGION		
SIGNATURE		DATE

Mother

FULL NAME		
MAIDEN NAME		
RELIGION		
SIGNATURE		DATE

PERMISSION TO POST IN PARISH BULLETIN	YES <input type="checkbox"/> NO <input type="checkbox"/>
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