**Sacrament of Baptism**

**in the Parish of St Francis Xavier, Ballina**

**Email:** office@sfxballina.org.au **or Phn. 02 6681 1048**

**This form must be completed and Returned/Submitted to Parish Office**

(at least **seven** days prior to date of intended Baptism)

***Child’s Details***

|  |  |
| --- | --- |
| **CHRISTIAN NAMES**  |  |
| **SURNAME** |  |
| **DATE OF BIRTH**  |  |
| **PLACE OF BIRTH**  |  |

***Parents Details***

|  |
| --- |
| ***FATHER*** |
| **FULL NAME** |  |
| **RELIGION** |
| ***MOTHER*** |
| **FULL NAME** |  |
| **RELIGION** |  |
| **MAIDEN NAME**  |
| **ADDRESS**  |  |
| **PHONE**  |  |
| **EMAIL**  |  |

***SPONSORS/GODPARENTS (maximum 4 please)***

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **NAME**  |  |
| **RELIGION** |  | **RELIGION** |  |

|  |  |
| --- | --- |
| **PREFERRED DATE OF BAPTISM** |  |
| **ST FRANCIS XAVIER BALLINA**  | **HOLY FAMILY LENNOX HEAD**  |

**YES**

**NO**

|  |  |
| --- | --- |
| **PERMISSION TO PUBLISH IN PARISH BULLETIN** |  |
| **DO YOU AGREE FOR YOUR CHILD/CANDIDATE TO RECEIVE THE SACRAMENTS OF CONFIRMATION, RECONCILIATION AND****At a later time during school years****HOLY COMMUNION****NO****YES**  |

|  |  |
| --- | --- |
| ***FATHER’S SIGNATURE***  | ***DATE:*** |
|   |  |
| ***MOTHER’S SIGNATURE***  | ***DATE:*** |
|  |  |