**Sacrament of Baptism**

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

**Email:** [office@sfxballina.org.au](mailto: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:*** |
|  |  |