



Sacrament of Confirmation

in the Parish of St Francis Xavier, Ballina

Email: pastoralassociate@sfxballina.org.au or Ph no. 02 6681 1048

This form must be completed and returned to the Parish Office.

| | |
|--|--|
| MY CHILD IS A BAPTISED CATHOLIC AND IS IN YEAR 3 AND ABOVE. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|--|--|

Child's Details

| | |
|-------------------------|-------|
| CHRISTIAN NAMES | |
| SURNAME | |
| DATE OF BIRTH | |
| PLACE OF BIRTH | |
| SCHOOL | CLASS |
| CONFIRMATION SAINT NAME | |

Present Faith Tradition

| | |
|---|--|
| HAVE THEY BEEN BAPTISED? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| DATE | |
| CHURCH | PARISH |
| BAPTISM CERTIFICATE SUPPLIED TO OFFICE <i>If baptised at St Francis Xavier, Ballina Parish, you do NOT need to supply a Baptism certificate.</i> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Name of Sponsor

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

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

Parent/Guardian's Details

Contact Information

| |
|----------------------------|
| RESIDENTIAL ADDRESS |
| PHONE NUMBER |
| EMAIL ADDRESS |

Please ensure form is signed by BOTH parents/guardians

Father

| | | |
|------------------|--|-------------|
| FULL NAME | | |
| SIGNATURE | | DATE |

Mother

| | | |
|--------------------|--|-------------|
| FULL NAME | | |
| MAIDEN NAME | | |
| SIGNATURE | | DATE |

