



**Sacrament of Baptism**  
in the Parish of St Francis Xavier, Ballina  
Email: [pastoralassociate@sfxballina.org.au](mailto:pastoralassociate@sfxballina.org.au) or Ph no. 02 6681 1048

**Child's Details**

<b>CHRISTIAN NAME(S)</b>
<b>SURNAME</b>
<b>DATE OF BIRTH</b>
<b>PLACE OF BIRTH</b>

**Name of Godparent(s)**

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

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

<b>PREFERRED DATE &amp; PLACE OF BAPTISM</b> <b>DATE:</b>	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*

<b>RESIDENTIAL ADDRESS</b>
<b>PHONE NUMBER</b>
<b>EMAIL ADDRESS</b>

**Father**

<b>FULL NAME</b>		
<b>RELIGION</b>		
<b>SIGNATURE</b>		<b>DATE</b>

**Mother**

<b>FULL NAME</b>		
<b>MAIDEN NAME</b>		
<b>RELIGION</b>		
<b>SIGNATURE</b>		<b>DATE</b>

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