



Sacrament of Reconciliation **& First Holy Communion**

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 AND CONFIRMED CATHOLIC AND IS IN YEAR 4 AND ABOVE.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Child's Details

CHRISTIAN NAMES	
SURNAME	
DATE OF BIRTH	
PLACE OF BIRTH	
SCHOOL	CLASS

Present Faith Tradition

HAS YOUR CHILD BEEN BAPTISED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE	
CHURCH	PARISH

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

