



Basilica of the Immaculate Conception

121 East Duval Street | Jacksonville, FL 32202

PARISH OFFICE
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Request Form of Parents for Permission for Baptism

This form is for those parents who do not live within the Basilica parish boundaries and / or are not registered with the Basilica of the Immaculate Conception.

Dear Father (Pastor's Name) _____

Pastor of (Parish Name) _____

I am requesting permission to have my child (Name) _____ baptized at the Basilica of the Immaculate Conception Catholic Church. I understand for this Sacrament to be conferred at this parish, you must provide permission for this to take place.

Please fill out this form or provide your own letter stating that I have permission to have my child baptized at the Basilica of the Immaculate Conception, Jacksonville, FL.

Sincerely,

Parent Name _____

Signature _____ Date _____

For the Pastor

Parish Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

I grant permission for the parents of the child listed above to celebrate the Sacrament of Baptism at the Basilica of the Immaculate Conception, Jacksonville, FL.

Pastor's Signature _____ Date _____

Parish Seal