



CHURCH OF THE SACRED HEART

INFANT BAPTISM APPLICATION FORM

FOR OFFICE USE	
Priest:	Book: _____ No. _____

PLEASE FILL IN BLOCK LETTER

Name of Child (as in Birth Cert and underline Surname)		Date of Baptism
Baptism Name		
Date of Birth	Country of Birth	Male / Female
Father's Name (as stated on Child's Birth Cert)		Father's Religion
Mother's Maiden Name		Mother's Religion
Date of Marriage	Church of Marriage	
Home Address		
Father's mobile & email address		Mother's mobile & email address
Godparent's Name (Godparent, must be practising Catholic, over 16 years of age and having received the Sacrament of Confirmation.)		
PRIVACY POLICY Kindly note that in filling up this form, I agree and consent to the collection, use, storage, retention, adaptation, modification, reading, retrieval, transmission, blocking, erasure or destruction ("processing") of the personal data provided by me in this form and to the sharing/processing and relevant and third parties (including but not limited to entities outside the Singapore jurisdiction) in connection with the Roman Catholic Church related activities, pastoral services and other related purposes. Where I am providing such personal data on behalf of others, I confirm that I have obtained the consent of these individuals for the disclosure of their personal data for the purposes stated above.		
Name		Signature / Date

The following documents are to be submitted together with the Infant Baptism Application Form. The submitted copies must be clear and legible. Any documents that are not in English **must be translated into English by an official translator.**

1. Child's Birth Certificate
2. Parent's Baptismal Certificate(s)
3. Parent's Church & Civil Marriage Certificates
4. Godparent(s)' Baptismal Certificate(s)
5. Godparent(s)' Sacrament of Confirmation Certificates

Application will not be processed if the documents are incomplete.

