

111 TANK ROAD, SINGAPORE 238069

Tel: 6737 9285

Email: sacredheartchurch@catholic.org.sg www.churchofthesacredheart.sg

Niche Selected:	Block:						
	Level:	Unit No: _	-				
Donations: \$	Donations: \$ Receipt No:						
		-	Date:				
Documents to be subm (Official receipt will not			omplete upon the time of application)				
2. Applicant's NF	RIC.	(Applicant must be a bapti e or proof that Beneficiary is					
-	NRIC or other ide	•	a baptized datifolic.				
I agree to the Terms an	d Conditions ¹ Gov	verning the Use of the Colum	nbarium				
Singapore Personal Data Pro In compliance with the Singa a) To the collection, receip Catholic Archdiocese of	ersonal data collected otection Act (No 26 of 2 pore Data Protection A t, processing, disclosu Singapore for the pur I data and all such dat	d through any Church ministry, pari 2012). Act and by filling this form, we agree ure, storage and use of all our perso pose of processing and administrati ta submitted to other church entities	onal data and all such data submitted to the Roman				
Signature of Applicant			 Date				
For Official Use On Approved by:	<u>ly:</u>						
Name: Parish Priest			Date				

 $^{^{1}}$ The Terms and Conditions are promulgated by The Titular Roman Catholic Archbishop of Singapore and are applicable to all Catholic Parish Columbaria in Singapore.



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(A) Particulars of Applicant	
Name: (Please underline surname)	
Address:	
Address:	
NRIC / Passport No.:	Catholic: Yes / No
	ies / No
Home Tel No:	Handphone No:
10.110	nanaphone no.
E-mail Address	
Deletionabin leature on Annalisant and	
Relationship between Applicant and	
Beneficiary1:	
Denenciary 1.	
Beneficiary 2:	



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(B) (please provide <u>at least One</u> alternative contact person other than the Applicant)				
(i) First Contact Person				
Name: (Please underline surname)				
Address:				
NRIC / Passport No.:	Catholic: Yes / No			
W mly				
Home Tel No:	Handphone No:			
Relationship to	E-mail Address:			
Beneficiary1:				
Beneficiary2:				
(ii) Second Contact Person				
Name: (Please underline surname)				
Address:				
NRIC / Passport No.:	Catholic: Yes / No			
Home Tel No:	Handphone No:			
Home lei No.	nanuphone No.			
Relationship to	E-mail Address:			
Beneficiary1:				
Beneficiary2:				
				



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Catholic: Unit No:	Niche Selected:	Block:				
Beneficiary 1 Name: (Please underline surname) NRIC / Passport No.: Date of Birth: Date of Interment: Sex: Male / Female Catholic: Yes / No Relationship between Beneficiary 1 and Beneficiary 2 Beneficiary 2 Name: (Please underline surname) NRIC / Passport No.: Date of Birth: Date of Interment: Sex: Catholic:		Level:	Unit No:			
Beneficiary 1 Name: (Please underline surname) NRIC / Passport No.: Date of Birth: Date of Interment: Sex: Male / Female Catholic: Yes / No Relationship between Beneficiary 1 and Beneficiary 2 Beneficiary 2 Name: (Please underline surname) NRIC / Passport No.: Date of Birth: Date of Interment: Sex: Catholic:						
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Sex: Catholic:						
	Date of Birth:		Date of Interment:			
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