



ADULT BAPTISM FORM

PLEASE FILL IN BLOCK LETTER

Full Name (as in NRIC and underline Surname)			Date of Baptism
Date of Birth	Country of Birth	Male / Female	NRIC / Passport No
Home Address			
Contact Numbers		Email Address	
Baptism Name			
Father's Name		Father's Religion	
Mother's Maiden Name		Mother's Religion	
Godparent's Name			
Sponsor's Name (If different from Godparent)			
Name of Spouse (If applicable)		Spouse's Religion	
Date of Marriage		Church of Marriage	
Child's Name	Male / Female	Date of Birth	
Remarks:			
<p>PRIVACY POLICY</p> <p>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.</p> <p>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.</p>			
Name	Signature / Date:		