



63A Chartwell Drive, Singapore 558758, Tel 6280 6076

PARTICULARS OF APPLICANT

Name:		NRIC:	(last 4 digits/alpha)
Address:			
Contact No.:	Home:		Mobile:
Email:			
Relation to the Deceased:			

NICHE TYPE (Please Check ✓) *Please fill in the Niche Beneficiary Particulars in a separate form provided*

<input type="checkbox"/> Single, 1 Urn	<input type="checkbox"/> Double, 2 Urns	<input type="checkbox"/> Quad, 4 Urns
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SUCCESSION *(The person that you wish to appoint as administrator of the Niche in case of your disability or demise)*

Name:		NRIC:	(last 4 digits/alpha)
Address:			
Contact No.:	Home:		Mobile:
Relationship to Applicant:			

Please notify the church in the event of any subsequent changes

IMPORTANT PDPA NOTICE:

The Church of St Francis Xavier ("the Church") safeguards all personal data collected through any ministry, parish, commission, or activity, in accordance with the Singapore Personal Data Protection Act 2012 ("PDPA").

In compliance with the PDPA and by signing this form, I agree and consent to the collection, receipt, processing, disclosure, storage and use of all my personal data and all such data submitted to the Church for the purpose of processing and administration of the abovementioned.

NOTE

You are required to produce the official receipt to the Church or a copy of your application form in order to use or for the installation of the urn into the niche.

By signing this form, I certify the above information is true to the best of my knowledge. I acknowledge that I have received a copy of the **Columbarium Rules dated 24th November 2011**. I declare that I have read, understood and agree to abide and be bound by the Rules governing the booking and of the use of the Niche even if the rules were amended after my application. I also acknowledge and agree to the PDPA notice.

I include herewith my donation payable to "Church of St Francis Xavier" for S\$ _____
(Cash/Cheque No: _____)

Name and Signature

Date

Niche intended Beneficiaries

BENEFICIARY 1

Name:			
Church of Baptism:			
Date of Birth:		Date of Death:	
Relationship to Applicant (please Check ✓)			
<input type="checkbox"/> Husband	<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle
<input type="checkbox"/> Wife	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt
<input type="checkbox"/> Son	<input type="checkbox"/> Brother	<input type="checkbox"/> Grandson	<input type="checkbox"/> Nephew
<input type="checkbox"/> Daughter	<input type="checkbox"/> Sister	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Niece
<input type="checkbox"/> Self	<input type="checkbox"/> Others (please state)		

BENEFICIARY 2

Name:			
Church of Baptism:			
Date of Birth:		Date of Death:	
Relationship to Applicant (please Check ✓)			
<input type="checkbox"/> Husband	<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle
<input type="checkbox"/> Wife	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt
<input type="checkbox"/> Son	<input type="checkbox"/> Brother	<input type="checkbox"/> Grandson	<input type="checkbox"/> Nephew
<input type="checkbox"/> Daughter	<input type="checkbox"/> Sister	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Niece
<input type="checkbox"/> Self	<input type="checkbox"/> Others (please state)		

BENEFICIARY 3

Name:			
Church of Baptism:			
Date of Birth:		Date of Death:	
Relationship to Applicant (please Check ✓)			
<input type="checkbox"/> Husband	<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle
<input type="checkbox"/> Wife	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt
<input type="checkbox"/> Son	<input type="checkbox"/> Brother	<input type="checkbox"/> Grandson	<input type="checkbox"/> Nephew
<input type="checkbox"/> Daughter	<input type="checkbox"/> Sister	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Niece
<input type="checkbox"/> Self	<input type="checkbox"/> Others (please state)		

BENEFICIARY 4

Name:			
Church of Baptism:			
Date of Birth:		Date of Death:	
Relationship to Applicant (please Check ✓)			
<input type="checkbox"/> Husband	<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle
<input type="checkbox"/> Wife	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt
<input type="checkbox"/> Son	<input type="checkbox"/> Brother	<input type="checkbox"/> Grandson	<input type="checkbox"/> Nephew
<input type="checkbox"/> Daughter	<input type="checkbox"/> Sister	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Niece
<input type="checkbox"/> Self	<input type="checkbox"/> Others (please state)		

**Documents to bring at time of booking
(Check ✓ where appropriate)**

- NRIC/ Passport of applicant
- Baptism/Confirmation Certificate of Applicant
- Baptism/Confirmation Certificate of Beneficiary
(If unavailable, a letter from a Catholic priest must be produced as evidence that deceased is a baptized Catholic)
- Marriage Certificate or any other document to determine relationship between applicant and beneficiary
- Death Certificate of Deceased

FOR OFFICIAL USE

Block No.:			Date of Interment	Signature of Administrator
Niche No.:		Beneficiary 1		
Amount:		Beneficiary 2		
Bank & Cheque No.:		Beneficiary 3		
Receipt No.:		Beneficiary 4		

Attended By:		Signature:	
Date:			