



63A Chartwell Drive, Singapore 558758, Tel 6280 6076

PARTICULARS OF APPLICANT

Name:			
Address:			
Contact No.:	Home:		Mobile:
Email:			

SERVICE REQUESTED: (Please check (✓) the appropriate box)

<input type="checkbox"/>	Anointing of the Sick	Requested Date (DD/MM/YYYY):	
<input type="checkbox"/>	Holy Communion	Additional Details:	
<input type="checkbox"/>	House Blessing		
<input type="checkbox"/>	Others		

PARTICULARS OF COMMUNICANT (for Holy Communion to the House-bound only)

Name:			Male/ Female
Address:			
Date of Birth:		Discontinue Date:	
Relationship with applicant:			
Reason for Request:			

NOTE FOR HOLY COMMUNION:

- All requests must be reviewed and approved by the Parish Priest
- The requestor will be contacted by assigned Communion Minister once approval has been given
- The requestor will have to notify the assigned minister if there are changes of if they wish to discontinue this request for house-bound communion service

IMPORTANT PDPA NOTICE:

<p>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”).</p> <p>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.</p>

I certify the above information is true to the best of my knowledge and acknowledge and agree to abide with the guidelines and PDPA notice.

Name and Signature of Applicant

Date

FOR OFFICE USE ONLY (HOLY COMMUNION)

Approval by Parish Priest: Signature & Date		CM Assigned:	
		Frequency:	
		Date Assigned:	