



63A Chartwell Drive, Singapore 558758, Tel 6280 6076

**PARTICULARS OF HOMEBOUND**

Name				
I/C No*:				
Address				
Contact No:	Home:		Mobile:	
email:				

\* last 3 digits and alphabet of NRIC No

**PARTICULARS OF APPLICANT**

Name				
I/C No*:				
Address				
Contact No:	Home:		Mobile:	
email:				
Relationship to homebound: <i>(where applicable)</i>				
Reason for Request:				

\* last 3 digits and alphabet of NRIC No

**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 by The Titular Roman Catholic Archbishop of Singapore ("TRCAS") and the parish priest/s and relevant parish staff/volunteers of the Church and all such data submitted to the Church for the purpose of processing and administration of the abovementioned.

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**

**INDEMNITY**

1. I agree to hold harmless TRCAS, its priests and any of its employees, servants or agents against any liability whatsoever for any illness, injury (bodily or otherwise), mishap and/or damage to property directly or indirectly resulting from or in connection with the Holy Communion Service.
2. I agree to indemnify TRCAS, its priests and any of its employees, servants or agents from and against all actions (including but not limited to third party actions) proceedings, liabilities, claims and damages, costs and expenses which TRCAS may incur by reason or in connection with the Holy Communion Service.
3. I confirm that I am of sound mind, and knowingly, voluntarily and freely agree to this release and waiver of liability.

\_\_\_\_\_  
**Name and Signature of Applicant**

\_\_\_\_\_  
**Date**

**Note:**

- All requests must be reviewed and approved by the Parish Priest
- The applicant will be contacted by an assigned Communion Minister once approval has been given
- The applicant will have to notify the assigned minister if there are changes or if they wish to discontinue this request for Holy Communion service.

\_\_\_\_\_  
**FOR OFFICE USE ONLY:**

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

**PARTICULARS OF COMMUNION MINISTER:**

Name				
I/C No*:				
Address				
Contact No:	Home:		Mobile:	
Email:				

*\* last 3 digits and alphabet of NRIC No*