



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"/> | House Blessing | Additional Details: | |
| <input type="checkbox"/> | Others | | |

PARTICULARS DETAILS (for Anointing of the Sick)

| | | | |
|------------------------------|--|-----------------|--------------|
| Name: | | | Male/ Female |
| Address: Hospital/Home: | | | |
| Age: | | Contact Number: | |
| Relationship with applicant: | | | |

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.

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

| | | | |
|--------------|--|-------------------|--|
| Attended By: | | Signature & Date: | |
|--------------|--|-------------------|--|