

Infant Baptism Application

63A Chartwell Drive, Singapore 558758, Tel 6280 6076

CANDIDATE (Baptismal I	name preferably named	after a Saint):				
Date of Baptism:		Ministe	er:			
Full Name: (in capital letters) underline baptismal name						
Name in Birth Cert: underline Surname						
Birth Cert No.:		Age:		Male/Female		
Date of birth:		Place o	Place of birth:			
Birth Order:	/	Citizen	Citizenship:			
DADENTO						
PARENTS	FATHER			MOTHER		
Full Name: (in capital letters)						
Address: (in full with Postal Code)						
Contact No.:						
Email:						
Nationality:						
Religion:						
Parish:						
Church of Baptism:						
Date of Baptism:						
_	in the church of					
On:	at	the registry -	cert. no.			
GOD-PARENTS (must be	e practicing baptised & c	confirmed Cath	olics above	16 vrs old :		
(mast se	GOD-FATHE		21100 00000	GOD-MOTHER		
Name (in full):						
Date of Birth:						
Contact No.:						
Email:						

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.

with the guidelines and PDPA notice.	it of my knowledge and acknowledge and agree to ablde					
We, the <u>above-named</u> parent(s), agree the Church:	nat my/our child be baptised into the Catholic					
Signatures of						
Father:	Mother:					
Date:	Date:					
Preparation before their child could	,					
Child's Birth Certificate						
Parents' Marriage Certificate						
Parents' Church Marriage Certif	Parents' Church Marriage Certificate (please see Parish Priest if you do not have one.)					
A copy of Godparent(s) Confirm details.	ation certificate or Baptism Extract with confirmation					
Office or email to secretariat@sfxchurc	ed form with all the required documents to the Parish h.sg , Families will be contacted for further details on the please email to infbaptism@sfxchurch.sg					

FOR OFFICE USE ONLY

Attended By:	Attendance:					
Date:	Parents		God-parents			