



• 63A Chartwell Drive • Singapore 558758 • Tel 6280 6076

PARTICULARS OF HOMEBOUND

Name		NRIC	(last 4 alphanumeric)
Address			
Home Tel		Mobile	
Email		Language Spoken	

PARTICULARS OF APPLICANT

Name		NRIC	(last 4 alphanumeric)
Address			
Home Tel		Mobile	
Email			
Relationship to homebound: (where applicable)			
Reason for Request:			

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 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.

INDEMNITY

1. I agree to hold harmless TRCAS, its priest 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.

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I certify that the above information is true and to the best of my knowledge. I acknowledge and agree to abide by the Guidelines, the PDPA notice and the Indemnification clauses.

Name & 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

Approved by Parish Priest Signature & Date		CM Assigned	
		Date Assigned	

PARTICULARS OF COMMUNION MINISTER

Name		NRIC	(last 4 alphanumeric)
Address			
Home Tel		Mobile	
Email			