



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

**PARTICULARS OF APPLICANT**

Name			
Address			
Home Tel		Mobile	
Email			

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

	Anointing of the Sick	Requested Date (DD/MM/YYYY):
	House Blessing	Additional Details:
	Others	

**PARTICULARS DETAILS (for Anointing of the Sick)**

Name				
Address (Home/Hospital)				
Contact		Age		Male / Female (delete accordingly)
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 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 that the above information is true and to the best of my knowledge. I acknowledge and agree to abide by the guidelines and PDPA notice.

\_\_\_\_\_  
Name & Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Attended by		Signature & Date	
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