



Church of  
**St Francis Xavier**

## RCIA INQUIRER APPLICATION

63A Chartwell Drive, Singapore 558758, Tel 6280 6076

### APPLICANT

Name in NRIC: <i>Underline Surname</i>				Gender:	Male/Female
Date of birth:			Current Age:		
Country of birth:					
Address:					
Contact No.:	Home:		Mobile:		
Email:					
Education Level:			Profession:		

### RELIGION

Religion I currently profess <i>If Christian, state denomination</i>			
Baptized before?	Yes / No	Name of Church:	
		Date:	

Do attach a  
recent  
photograph

### MARITAL STATUS *(Please check (✓) the appropriate box)*

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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### IF MARRIED

Is this your first marriage?	Yes / No		
Does your spouse have a previous marriage?	Yes / No		
Is your spouse Catholic?	Yes / No		
Married at Registry of Marriages(ROM)/ Catholic Church/ Overseas/ Others: _____			
Date of Marriage:		ROM Cert No.:	

### IF REMARRIED/ DIVORCED

Previously married at Registry of Marriages(ROM)/ Catholic Church/ Overseas/ Others: _____	
Is your ex-spouse Catholic?	Yes / No
Is it a civil divorce?	Yes / No
Is it annulled?	Yes / 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:

- (a) The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, blocking, erasure or destruction ("Processing") of the personal data provided by me in this Form ("Personal Data");
- (b) The church entity processing my Personal Data for the purpose of my registration for this programme by the church entity.
- (c) SFX taking photos, videos or audio recordings which may contain my image/audio and may be used for archival purposes, on SFX's website, publications and for publicity purposes.

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.

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Name and Signature

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Date

**FOR ADMINISTRATOR USE ONLY**

RCIA Batch:

Other Remarks: