



51 Punggol Central, Singapore 828725
 Email: secretary@transfiguration.sg

INFANT BAPTISM APPLICATION FORM

OFFICE USE			
Date & Time of Baptism		Priest	
Certificate Issued on		Record: Book/No.	

Please write legibly. All information is confidential and will be recorded in Parish Archive

Date: _____

Child's Full Name: _____ Gender: Male Female

Date of Birth: _____ Country of Birth: _____ Birth Certificate No. _____

Address: _____

Postal Code: _____

(A copy of child's birth certificate must accompany this Form)

PARENTS' PARTICULARS:

Father's Full Name: _____ NRIC No. _____
(As stated on Child's Birth Certificate)

Religion: _____ Contact No. : _____ (HP) _____

Mother's Full Name: _____ NRIC No. _____
(As stated on Child's Birth Certificate)

Religion: _____ Contact No. : _____ (HP) _____

Marriage Information of Parents:

Date of Marriage: _____ Place of Marriage: _____

Date of Church Marriage: _____ Church of Marriage: _____

(Church and Civil Marriage Certificates must be attached with this Form)

ACKNOWLEDGEMENT

We, _____ and _____ on our own free will, allow
 our child _____ be baptised/received into the Catholic Church.

GODPARENT (S) INFORMATION *(Godparents must be baptised, confirmed, practising Catholic)*

Name of Godfather: _____ Religion: _____

Contact Number: _____ Email Address: _____

Name of Godfather: _____ Religion: _____

Contact Number: _____ Email Address: _____



Declaration by applicants

By submitting this form, we give consent to our personal data in this form being collected, stored, retained, retrieved, used, transmitted, and processed by the Archdiocese of Singapore in accordance with her data Protection, and in line with the Personal Data Protection Act 2012, including the disclosing of personal data to approved third parties and the transferring of Data outside of Singapore

We have also obtained the necessary expressed approval from our child's godparent(s) named within, consenting to provide his/her/their personal data(s) for the purpose of making this baptismal application. The said individuals are aware and consent to their personal data being collected, stored, retained, retrieved, used, transmitted and processed by the Archdiocese of Singapore in accordance with her Data Protection Policy, including the disclosing of personal data to approved third parties and the transferring of data outside of Singapore.

We confirm that the information we have provided in this forms is complete, accurate, recent and valid to the best of my knowledge. We are aware that we may update the personal data provided by us at any time by contacting the parish secretariat.

Name and Signature of Father

Date

Name and Signature of Mother

Date

NOTE:

Please ensure that completed form is submitted with a copy of:

1. Parent's Baptismal Certificate(s),
 2. Parent's Church & Civil Marriage Certificates,
 3. Child's Birth Certificate and
 4. Godparent(s)' Baptismal Certificate (s).
-

