



51 Punggol Central, Singapore 828725

Email: secretary@transfiguration.sg

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: _____

Baptismal Name: _____

Name in IC: _____ Gender: Male Female

Name to be reflected in Baptismal Certificate: _____

Date of Birth: _____ Country of Birth: _____

Nationality: Singaporean / Singaporean PR / Filipino / Indian / Others (please specify) _____

Address: _____ Postal Code: _____

Contact Number: _____ Email Address: _____

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

Name of Godfather: _____ Date of Birth: _____

Contact Number: _____ Email Address: _____

Name of Godmother: _____ Date of birth: _____

Contact Number: _____ Email Address: _____

Declaration by applicants

- By submitting this form, I give consent to my 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 disclosure of personal data to approved third parties and the transferring of data outside of Singapore*
- The Parish taking photos, videos or audio recordings which may contain my image/audio and may be used for archival purposes, on Parish's website, publications and for publicity purposes.*
- I have also obtained the necessary expressed approval from my godparent(s) named within, consenting to provide his/her/their personal data 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 disclosure of personal data to approved third parties and the transferring of data outside of Singapore.*
- I confirm that the information I have provided in this form is complete, accurate, recent and valid to the best of my knowledge. I am aware that I may update the personal data provided by me at any time by contacting the parish secretariat.*

NAME & SIGNATURE OF APPLICANT

DATE

NOTE:

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

1. Godparent(s)' Baptismal & Confirmation Certificate (s).
2. Birth Certificate of the applicant



Certificate Collected by:	
Signature:	
Date Collected	