

CHURCH OF ST BERNADETTE
12 ZION ROAD
SINGAPORE 247731
TEL: 6737-3529 – FAX: 6737-8658

Rite of Christian Initiation For Adults (RCIA)

(Registration Form for Catechumens)

Full Name _____ (Underline Surname)
(Write in Block Letters, Name as in I/C or Passport)

Christian Name (if applicable) _____ Sex: Male / Female

Date of Birth _____ Religion (if any) _____

Address _____

_____ E-mail: _____

Telephone No _____ (H) _____ (O) _____ (Pgr/HP)

Were you baptized before? YES / NO Which Church _____

Educational Level _____ Occupation _____

Marital Status: (Not Married / Married / Married Before) _____

Name of Spouse _____ Spouse's Religion _____

Date of Marriage _____ Place of Marriage: Registry / Church

Name of Church where marriage was solemnized _____

Registry of Marriage Certificate No. _____

No. of Children _____ No. of Catholics in your family _____

IMPORTANT: Compliance with Guidelines for the Protection of Personal Data

In filling this form, I 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 employment with the church entity or for the purpose of a contractual relationship with it.
- (c) The church entity transferring my Personal Data to other church entities within the Catholic Archdiocese of Singapore.

Date _____

Signature _____