



CHURCH OF ST BERNADETTE

12 Zion Road
Singapore 247731
Tel: 6737 3529

FORM FOR ADULT BAPTISM AND/OR CONFIRMATION

(PLEASE WRITE IN BLOCK LETTERS)

Baptism Name: _____ Confirmation Name: _____

FULL NAME to be issued on Baptism/Confirmation Certificate:

Date of Birth: _____ Confirmation Name: _____

Gender: Male/Female Place of Birth: _____

Address: _____

Contact No: _____ Marital Status:
Not Married/Married/Married Before

Spouse's Full Name: _____ Religion: _____

Were you married by a Catholic priest? YES/NO

Place of Marriage: (Country) _____ (Church) _____

Date of Marriage: _____ R.O.M. Certificate No: _____

God-Parent's Name: _____ Marital Status: _____

(Note: Only Confirmed Catholics can be God-Parent)

Please submit a copy of godparent's confirmation certificate together with this form.

Is God-Parent married in Church? YES/NO

Is godparent represented by proxy? YES/NO

Name of Proxy: _____ Contact No: _____

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.

FOR OFFICIAL USE

Intended Date of Baptism/Confirmation: _____ Minister for Baptism/Confirmation: _____

to be baptized at: (other than at church): _____