



INFANT BAPTISM APPLICATION FORM

10 Yishun Street 22
Singapore 768579
Tel: 62574229

Email: colss.secretariat@catholic.org.sg

A. CHILD'S PARTICULARS (Please print in BLOCK letters)

Name of Child (as in Birth Certificate and underline Surname)		
Baptism Name		
Date of Birth (DD/MM/YY)	Country of Birth	Gender (M/F)* (Please delete accordingly)

B. PARENTS' DETAILS (Please print in BLOCK letters)

FATHER	MOTHER
Name:	Name:
Mobile Number:	Mobile Number:
Email address:	Email address:
Home Address:	

Date of Civil Marriage or ROM: (DD/MM/YY)
Name of Church & Country: Date of Marriage in Church (if any): (DD/MM/YY)

If you are not married in church,

Were you a baptized Catholic at the time of marriage?	Yes / No*
Was your spouse a baptized Catholic at the time of marriage?	Yes / No*

*(Please delete accordingly)

C. GODPARENT(S)' DETAILS (Please print in BLOCK letters)

Godparent(s) must be above 16 years old, baptised Catholic and received the Sacrament of Confirmation. They must be practicing the faith and receiving the sacraments regularly. They must not be directly related to the child, i.e. parents, grandparents, brothers and sisters.

Godparent's Name:

Godparent's Name:

D. DOCUMENTS TO BE SUBMITTED

1. Copy of Child's Birth Certificate.
2. Copy of Parents' Marriage Certificate.
3. Copy of Parents' Church Marriage Certificate, if any.
4. Copy of Baptism Certificate of one/both parents.
5. Copy of Godparents' Confirmation Certificate or Extract with Confirmation Date.

E. CONSENT TO COLLECTION OF PERSONAL DATA

By signing this form, we hereby give our consent to any personal data being collected, stored, retained, used, transmitted, and processed by the Catholic Archdiocese of Singapore in accordance with its Data Protection Policy, including the disclosure and transfer of the said personal data for the purpose of processing and administration of Infant Baptism.

F. PREPARATION REQUIREMENTS

1. Please submit this application form together with the above required documents to the Parish Office.
2. Rehearsal and briefing will be informed by Parish Office to the parents.

We, on our own will, consent to have our child to be baptised, and received into the Catholic Church.

Father's signature and date:	Mother's signature and date:
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G. FOR OFFICIAL USE

Fee of \$50.00 (including baptism bibs, candles and certificate)		Receipt No:	
Collected by:		Date:	