



St. Joseph's Church (Bukit Timah)
Tel: 6769-1666
 Email: sjcbt.secretariat@catholic.org.sg

**REGISTRATION FOR INFANT /
 CHILD BAPTISM**

(This form must be completed by a Parent)

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 application.
- c. The church entity transferring my Personal Data to other church entities within the Catholic Archdiocese of Singapore, and/ or the Catholic Archdiocese overseas, where applicable.

Please attach photocopies of:

- Child’s Birth Certificate Church Marriage Certificate Civil Marriage Certificate (ROM)
- Godfather OR godmother’s Confirmation Certificate

PARENTS’ PARTICULARS *(Parent(s) must be Catholic and married in Church):*

Father’s Full Name: _____ Religion: _____

Mother’s Maiden Name: _____ Religion: _____

Present Address: _____

Postal Code _____ Parish Church _____

Married in the Church of: _____ On _____

Certificate No. (ROM): _____ Other information: _____

Is this your first child? YES / NO * Birth Order: _____ Expected Delivery Date: _____

Father’s Contact No. (Home): _____ Work: _____ Mobile _____
 Email: _____

Mother’s Contact No. (Home): _____ Work: _____ Mobile _____
 Email: _____

CHILD’S PARTICULARS *(Age: 0 – 5 years):*

Name as in Birth Certificate: _____ Sex : _____

Baptism Name: _____ Date of Birth: _____

Country of Birth: _____ Birth Certificate No: _____

GODPARENTS’ PARTICULARS *(Godparents must be practicing Catholics who had received the Sacrament of Confirmation.):*

God-father’s full name: _____ OR

God-mother’s full name: _____

PARISH OFFICE USE

Preparation month: Baptism date:

Minister:

Remark:

.....

Signature of Parent / Date