



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

**REQUEST FOR
EXTRACT OF BAPTISM CERTIFICATE**

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.

REQUESTED BY:

Name: _____ **Relationship:** _____

Contact No. (Mobile): _____ **Email:** _____

.....
Applicant's Signature / Date

.....
Collected by (Name / Date)
**verification of identity is required*

EXTRACT OF BAPTISM:

Please complete this section. Kindly note that the date or year of baptism is required to facilitate the search for the baptismal record.

Name: _____

Father's Name: _____

Mother's Name: _____

Date of Birth: _____ **Date of Baptism:** _____

FOR OFFICIAL USE:

Folio: _____ / _____

Minister: _____ **Country of Birth:** _____

Address at Baptism: _____

Godparent's Name: _____

Confirmed in the Church of _____ **On** _____

Married to _____ **On** _____

In the Church of _____