



Registration for Adult Baptism 成人领洗申请表格

Date of Baptism 领洗日期: _____

Date of Confirmation 坚振日期: _____

Please complete in BLOCK LETTERS 请以正楷填写

PARTICULARS 资料	
Baptism (Christian) Name 领洗圣名:	Gender 性别: 男 / 女
Name as in NRIC 姓名:	
I/C No. 身份证编号:	
Date of Birth 出生日期:	Country of Birth 出生地:
Telephone 联络电话:	(House 住宅) (Mobile 手机)
Address (in full) 详细住址:	
Email Address 电邮地址:	
PARENTS' PARTICULARS 父母资料	
Father's Name 父亲姓名:	
Mother's Maiden Name 母亲姓名:	
MARITAL STATUS 婚姻状况	
Name of Spouse 配偶姓名:	
Wedding Date 民法结婚日期:	
ROM Certificate No. 结婚证书编号:	
Name of Parish (Church) 举行婚礼堂区:	
Church Wedding Date 教堂结配日期:	
GOD-PARENT(S) / 代父母姓名	
God-Father's name 代父姓名:	
OR 或	
God-Mother's name 代母姓名:	

By submitting this form, I acknowledge and consent to the Church of the Holy Cross collecting, processing, and using the personal data I provide for purpose related to the baptism. I also agree that my personal data may disclose to any church within the Catholic Archdiocese of Singapore, or to any other church or organisation within the Catholic Church worldwide, for purpose of recording and verifying the baptism.

通过提交此表格，我确认并同意圣十字架教堂可以收集、处理和使用我提供的个人资料。为了记录和核证领洗圣事，我也同意本堂区可以向新加坡天主教总教区内的任何堂区，以及全球其他天主教堂区或其附属机构披露上述资料。

Name/Signature 姓名/签名

Date 日期

Please attach COPIES of the following 请附加文件：

- 1) Church AND Civil Marriage Certificates 堂区以及民事注册结婚证书复印本
- 2) Identity Card 身份证复印本
- 3) Baptism AND Confirmation Certificate(s) of Godparent(s) 代父或代母的领洗以及坚振证书复印本