



CHURCH OF THE HOLY CROSS 圣十字架堂

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GETTING TO KNOW THE CATHOLIC FAITH

RCIA REGISTRATION FORM

Name: _____ Sex at birth: M / F
(As in IC/PP)

Address: _____

Mobile no. _____ Other preferred phone no. _____

Email _____

Date of Birth _____ Country of Birth _____

Occupation _____

Present religion _____

If you have been baptized in another church before, which church and year?

IMPORTANT NOTE: In filling this form, I give consent to the Church of the Holy Cross for the collection, storage, retention, adaptation, reading, retrieval, use, transmission, blocking, erasure or destruction of the personal data provided by me in this Form.

Signature _____ Date _____