

INFANT BAPTISM

CHURCH OF ST TERESA



510 Kampong Bahru Road, Singapore 099446 Tel: +65 62711184 Fax: +65 62711175 stteresa@singnet.com.sg

APPLICATION FORM FOR INFANT BAPTISM

CHILD *(Birth certificate must be attached with this application form)*

Baptism name

Full name

Sex

Male

Female

Birth certificate / IC number

Date of birth

Country of birth

PARENTS

Father's name

Mobile number

Mother's name

Mobile number

Address

Home phone number

MARRIAGE *(Church and Civil Marriage certificates must be attached with this application form)*

Country and date of parents' civil marriage

Church where parents' marriage was held

Date of church marriage

Only if you were not married in church:

a) Were you a baptised Catholic at your wedding?

YES / NO

b) Was your spouse a baptised Catholic at the time of your wedding?

YES / NO

PARENT'S DECLARATION

I, _____ and _____ on our own free will, allow our child (name) _____ to be baptised / received into the Catholic Church.

Father's signature

Date

Mother's signature

Date

GODPARENTS

Godfather's name

Godmother's name

Address

Address

Home phone number

Mobile number

Home phone number

Mobile number

Godparent(s) must be 16 years old and above and have received the Sacrament of Confirmation. They must be in good standing with the Church and is practising their faith and receiving the sacraments regularly. They cannot be related to the child in the direct line, ie. parents.

OFFICE USE

Date of baptism

Time of baptism

Parish Stamp

Minister

Record number

ALL PERSONAL INFORMATION COLLECTED WILL BE TREATED IN ACCORDANCE WITH THE PERSONAL DATA PROTECTION POLICY STATEMENT OF THE ROMAN CATHOLIC ARCHDIOCESE OF SINGAPORE WHICH MAY BE FOUND AT www.catholic.org.sg