



Church of the Holy Spirit
248 Upper Thomson Road
S. 574371

Application for Infant Baptism (0-7 Yrs)

Date of Baptism: _____

Please complete in BLOCK LETTERS

CHILD'S PARTICULARS	
BAPTISM Name:	Gender: M / F
Name as in Birth Cert. :	
Birth Cert No. :	
Date of Birth:	Country of Birth:
PARENTS' PARTICULAR	
Father's Full Name:	
Telephone:	Home: Mobile No. :
Mother's Full Name:	
Telephone:	Home: Mobile No. :
Address (in full):	
	Postal Code:
Email Address:	
PLACE AND DATE OF MARRIAGE	
Country of Civil Marriage:	
Wedding Date:	
ROM Certificate No. :	
Name of Parish (Church):	
Church Wedding Date:	
IF YOU WERE NOT MARRIED IN CHURCH	
Were you a Baptised Catholic at the time of your Wedding?	YES / NO
Was your spouse a Baptised Catholic at the time of your Wedding?	YES / NO
GODPARENTS (<i>must be practicing baptised, confirmed Catholics above 16 yrs old</i>)	
Godfather's Full Name:	
OR	
Godmother's Full Name:	

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By submitting this form, you confirm and agree that the **Church of the Holy Spirit** may collect, process and use the personal data provided for purposes related to the baptism of the child named above. You also agree that we may disclose the personal data 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.

PARENTS' CONSENT

I (Father), _____ and (Mother) _____

on our own free will, allow our child (Name) _____

to be baptized into the Catholic Church.

Father's Signature

Mother's Signature

Date

Please attach copies of the following:

- 1) Church AND Civil Marriage Certificates of Parents**
- 2) Baptism Certificate of Parent(s)**
- 3) Birth Certificate of Child**
- 4) Baptism Certificate(s) of Godparent(s)**
- 5) Confirmation Certificate OR Baptism Extract of Godparent(s)**