



## Church of St Michael

17 St. Michael's Road  
Singapore 327976

### Registration Form SACRAMENT OF CONFIRMATION

Confirmation Name : \_\_\_\_\_  
(in block letters)

Baptism Name : \_\_\_\_\_  
(as in Baptism Certificate)

Date of Baptism : \_\_\_\_\_

Church of Baptism : \_\_\_\_\_

Current Address : \_\_\_\_\_  
\_\_\_\_\_

Postal Code : \_\_\_\_\_ Contact Phone No. : \_\_\_\_\_

Name of Godfather : \_\_\_\_\_

Name of Godmother : \_\_\_\_\_

Confirmation Date : \_\_\_\_\_

Confirmation Minister : \_\_\_\_\_

#### **FOR ADULT CONFIRMAND:**

(If married) Name of Spouse : \_\_\_\_\_

Date of Marriage : \_\_\_\_\_

In the Church of : \_\_\_\_\_

In the Registry of Marriage in : \_\_\_\_\_  
(Country)

On : (date) \_\_\_\_\_ Certificate No.: \_\_\_\_\_

(please attach a copy of your Baptism Certificate)

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*[In compliance with Guidelines for the Provisions of Data Protection Act, in filling this form you deemed consent to all personal data collected in this form will be entered in the Churches' registers].*