



CHURCH OF ST. MICHAEL

17 St Michael's Road

Singapore 327976

APPLICATION FORM FOR INFANT BAPTISM

婴孩领洗申请表格

CHILD 婴孩

Baptism Name: _____

Full Name: _____

Sex : _____ M/F

Birth Cert/NRIC No : _____

Date of Birth : _____

Country of Birth: _____

PARENTS 父母

Father's Name: _____

Tel No.: _____ Mobile: _____

Mother's Name : _____

Tel No.: _____ Mobile : _____

Address : _____

PLACE AND DATE OF MARRIAGE

Country and date of civil marriage: _____

(Church and Civil Marriage Certificates must be attached with the application form)

Church of _____ on (date) _____

NOTE : Only if you were not married in Church:

a) Were you a baptized Catholic at your wedding Yes / No

b) Was your spouse a baptized Catholic at the time of your wedding Yes / No

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

Father's Signature: _____ Mother's Signature: _____

Date: _____

**Please attach: 1. Child's Birth Certificate
2. Parent's Marriage 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]



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GODPARENTS 代父母

Godfather's Name : _____

Address: _____

Tel No.: _____ Mobile: _____

Godmother's Name: _____

Address: _____

Tel No.: _____ Mobile: _____

NOTE: 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/are currently practicing their faith and receiving the sacraments regularly. They cannot be related to the child in the direct line, i.e parents.

-----OFFICE USE-----

Date of Baptism: _____

Time of Baptism: _____

Minister: _____

Record No.: _____

Parish Stamp: _____