



Church of St Michael

17 St. Michael's Road

Singapore 327976

INFANT BAPTISM Registration Form

<u>Child Particulars</u>	
Baptism Name :	
Full Name as in Birth Certificate :	
Birth Certificate No. / Gender :	
Date of Birth / Country of Birth :	
Is your child adopted? Yes / No	Baptised in an emergency? Yes / No

Parents Particulars

Father's Full Name :
Mother's Full MAIDEN Name :
Address :

Place and Date of Marriage

Parents' Religion at time of Marriage: Father _____ Mother _____		
Were you married in Church? Yes / No		
Name of Church of Marriage : _____		
Country : _____ Date : _____		
Civil Marriage: Country _____ Certificate No. _____ Date _____		
<u>Father</u>	Name	<u>Mother</u>
	NRIC / Passport No.:	

	Mobile Contact No.:	
	Home Telephone No.:	
	Email Address:	

(Please attach copy of child's Birth Certificate, parents' Civil and Church marriage certificates.)

<u>Godparents Particulars</u> <i>(Must be above 16 years' of age, Baptised, Confirmed and practicing Catholics)</i>		
<u>Godfather</u>	Name:	<u>Godmother</u>
	Address:	
	Mobile Contact/ Home Telephone Nos.:	

All Baptism records are maintained at the Parish Office of baptism. These records will be required for your child's Confirmation and Marriage preparations.

Parents' Consent

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

Signature of Parents: _____ & _____

Date: _____

Office use only

Date of Baptism : _____

Time of Baptism : _____

Minister : _____

Record No. : _____