

CHURCH OF ST. BERNADETTE

12 Zion Road

Singapore 247731

Tel: 6737-3529, Fax: 6737-8658

REGISTRATION FORM FOR THE
SACRAMENT OF CONFIRMATION

Name in Full _____ Confirmation Name _____

Address _____

Sex: _____ E-Mail: _____

Telephone Numbers _____ (H) _____ (O) _____ (HP)

Occupation _____ Date of Birth _____

Date of Baptism _____ Church of Baptism _____

Address of Church of Baptism _____
(Please attach photocopy of Baptism Certificate)

Parents' Name: _____ (Father) _____ (mother)
(For Students Only)

Particulars of God-Parent

Name of God-Parent _____ Church of baptism _____
(Please attach photocopy of Confirmation Certificate)

Home Address

Telephone No: _____ (H), _____ (O) _____ (Hp)

IMPORTANT: Compliance with Guidelines for the Protection of Personal Data

In filling this form, I consent to:

- (a) The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, blocking, erasure or destruction ("Processing") of the personal data provided by me in this Form ("Personal Data").
- (b) The church entity processing my Personal Data for the purpose of my employment with the church entity or for the purpose of a contractual relationship with it.
- (c) The church entity transferring my Personal Data to other church entities within the Catholic Archdiocese of Singapore.

Signature of Confirmand: _____ Date _____