

APPLICATION FOR INFANT BAPTISM

CHURCH OF DIVINE MERCY		FOR OFFICIAL USE Baptism S/No.:			
Please submit the completed form with your child's		Date : / /			
Birth Certificate and your N	Aarriage Certificate.	Time:			
A. CHILD'S PARTICULARS (Please print in <u>BLOCK</u> letters)	Priest:			
Baptism Name:					
[only ONE Na					
Full Name:	e of Baptism name to be printed on b	paptism certificate]			
Date of Birth:	ate of Birth: Birth Cert No.:				
	Nationality: Gender: M/F* (*Please delete accordingly)				
Home Address:					
B. PARENTS DETAILS (Plea	se print in <u>BLOCK</u> letters)				
Religion:	ligion: Mobile Number:				
E-mail Address:					
Mother's Full Name:					
Religion:	Mobile Nun	nber:			
E-mail Address:					
Date of Marriage:	Country of Mar	riage:			
Church/Place of Marriage:					
For civil marriages, please d					
	tholic at time of Marriage: Yes / ised Catholic at time of Marriage	No* (Please delete accordingly) e: Yes / No* (Please delete accordingly)			
C. GODPARENT(S) DETAIL	S (Please print in <u>BLOCK</u> letters)				
Godmother's Name:					
Godfather's Name:					
	E-mail Address:				

www.divinemercy.sg

D. STATEMENT ON THE CHOICE OF GODPARENT

The Catholic Church requires that those who take on the privileges and also the obligations of Godparents, practice faithfully their Catholic faith and live lives that set them apart as followers of Jesus Christ. Before a Godparent is chosen, please consider the qualifications listed here and <u>CHECK</u> (\checkmark) the boxes if your choice of Godparent(s) meets the requirements listed:

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	1.	Sixteen (16) years of age or older.
	2.	Not a parent (step-parent, father or mother) of the child.
	3.	A person not bound by any Catholic Church penalty such as divorced and remarried without annulment.
	4.	A practicing Catholic who attends Sunday Mass regularly.
	5.	A Catholic who has received the Sacraments of Confirmation and Eucharist.

If these statements are true of your choice of Godparent(s), we ask you to honestly and prayerfully ask your Godparent(s) to sign below:

I am prepared to assist my Godchild in his/her Christian duty by my support, encouragement and prayers.						
Name of Godmother	Signature	Date				
Name of Godfather	Signature	Date				

E. STATEMENT OF CONSENT

On our own free will, we allow our child to be baptised/received into the Catholic Church.

By submitting 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 registration for the Sacrament of Baptism at the Church of Divine Mercy.

Father's Signature	Mother's Signature	Date			
NOTE: Parents and Godparent(s) are reminded that upon submission of the application form, you are to commit and avail yourself to attending the preparation session in person. There will be no individual or Zoom session if you cannot attend.					