

# CHURCH OF THE SACRED HEART

111 TANK ROAD, SINGAPORE 238069

TEL: 6737 9285 FAX: 6737 8502

Email: [sacredheartchurch@catholic.org.sg](mailto:sacredheartchurch@catholic.org.sg)

[www.churchofthesacredheart.sg](http://www.churchofthesacredheart.sg)

## NICHE UPDATE FORM

Niche No.: **Block:** \_\_\_\_\_

**Level:** \_\_\_\_\_ **Unit No:** \_\_\_\_\_

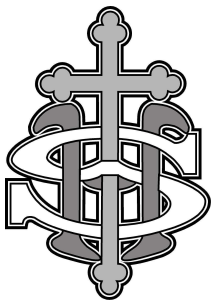
<b>(A) Particulars of Applicant</b>	
Name: (Please underline surname)	
Address:	
Home Tel No:	Handphone No:
E-mail Address	

\_\_\_\_\_  
Signature of Applicant

Date:

Note:

*Kindly attach a copy of the Niche Application Form for verification purpose.*



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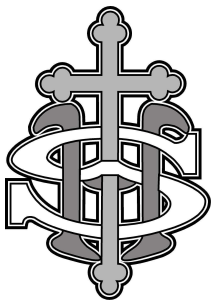
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## NICHE UPDATE FORM

**(B)** (please provide **at least One** alternative contact person other than the Applicant)

<b>(i) First Contact Person</b>	
Name: (Please underline surname)	
Address:	
Passport/NRIC No.:	Catholic: Yes / No
Home Tel No:	Handphone No:
Relationship to Beneficiary1: Beneficiary2:	E-mail Address:
<b>(ii) Second Contact Person</b>	
Name: (Please underline surname)	
Address:	
Passport/NRIC No.:	Catholic: Yes / No
Home Tel No:	Handphone No:
Relationship to Beneficiary1: Beneficiary2:	E-mail Address:



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## NICHE UPDATE FORM

<b>(C) Particulars of Beneficiaries</b>		
<b>Beneficiary 1</b>		
Name: (Please underline surname)		
Passport/NRIC No.:	Contact:	
Date of Birth:	Date of Death (if applicable):	<b>Date of Interment:</b>
Sex: Male / Female	Catholic: Yes / No	
Relationship between Beneficiary 1 and Beneficiary 2		

<b>Beneficiary 2</b>		
Name: (Please underline surname)		
Passport/NRIC No.:	Contact:	
Date of Birth:	Date of Death (if applicable):	<b>Date of Interment:</b>
Sex: Male / Female	Catholic: Yes / No	