

CHURCH OF THE SACRED HEART

111 TANK ROAD, SINGAPORE 238069

TEL: 6737 9285 FAX: 6737 8502

EMAIL: sacredheartchurch@catholic.org.sg

www.churchofthesacredheart.sg

NICHE APPLICATION FORM

Niche Selected: **Block:** _____
(Double)

Level: _____ **Unit No:** _____

Donations: \$ _____ Receipt No: _____

Cash / Cheque No: _____ Date: _____

Documents to be submitted together with the Application Form:

1. Applicant's NRIC, passport or other identification.
2. Applicant's Baptism Certificate (Applicant must be a Catholic)
3. Beneficiary's NRIC, passport or other identification.
4. Beneficiary's Baptism Certificate or proof that Beneficiary is a Catholic.

I agree to the Terms and Conditions¹ Governing the Use of the Columbarium

Consent to Collection of Personal Data in this Form

The Church safeguards all personal data collected through any Church ministry, parish, commission, or activity, in accordance with the Singapore Personal Data Protection Act (No 26 of 2012).

In compliance with the Singapore Data Protection Act and by filling this form, we agree and consent:

- a) To the collection, receipt, processing, disclosure, storage and use of all our personal data and all such data submitted to the Roman Catholic Archdiocese of Singapore for the purpose of processing and administration of Sacraments.

To the transfer of all personal data and all such data submitted to other church entities within the Archdiocese of Singapore and/or foreign Diocese within the Roman Catholic Church overseas, where applicable.

Signature of Applicant / Date

For Official Use Only:

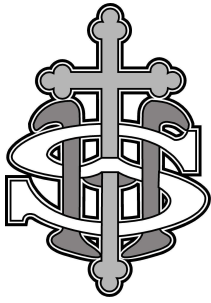
Approved by:

Name:

Date

Parish Priest

¹ The Terms and Conditions are promulgated by The Titular Roman Catholic Archbishop of Singapore and are applicable to all Catholic Parish Columbaria in Singapore.



CHURCH OF THE SACRED HEART

111 TANK ROAD, SINGAPORE 238069

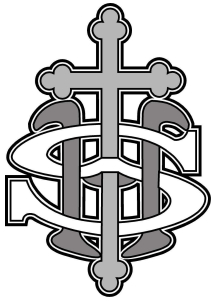
TEL: 6737 9285 FAX: 6737 8502

EMAIL: sacredheartchurch@catholic.org.sg

www.churchofthesacredheart.sg

NICHE APPLICATION FORM

(A) Particulars of Applicant	
Name: (Please underline surname)	
Address:	
Passport/NRIC No.:	Catholic: Yes / No
Home Tel No:	Handphone No:
E-mail Address	
Relationship between Applicant and	
Beneficiary1:	
Beneficiary 2:	



CHURCH OF THE SACRED HEART

111 TANK ROAD, SINGAPORE 238069

TEL: 6737 9285 FAX: 6737 8502

EMAIL: sacredheartchurch@catholic.org.sg

www.churchofthesacredheart.sg

NICHE APPLICATION FORM

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

(i) First Contact Person

Name: (Please underline surname)

Address:

Passport/NRIC No.:

Catholic:

Yes / No

Home Tel No:

Handphone No:

Relationship to

E-mail Address:

Beneficiary1:

Beneficiary2:

(ii) Second Contact Person

Name: (Please underline surname)

Address:

Passport/NRIC No.:

Catholic:

Yes / No

Home Tel No:

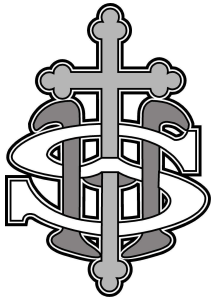
Handphone No:

Relationship to

E-mail Address:

Beneficiary1:

Beneficiary2:



CHURCH OF THE SACRED HEART

111 TANK ROAD, SINGAPORE 238069

TEL: 6737 9285 FAX: 6737 8502

EMAIL: sacredheartchurch@catholic.org.sg

www.churchofthesacredheart.sg

NICHE APPLICATION FORM

Niche Selected: **Block:** _____
(Double)

Level: _____ **Unit No:** _____

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

Beneficiary 2	
Name: (Please underline surname)	
Passport/NRIC No.:	
Date of Birth:	Date of Interment:
Sex: Male / Female	Catholic: Yes / No