



CHURCH OF THE SACRED HEART

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REGISTRATION FORM FOR CATECHISM CLASS

Level _____

Particulars of Candidate

Name: _____ Gender: *Male / *Female (**delete where not applicable*)

Date of Birth: _____ Date of Baptism: _____ (a copy of Baptismal Certificate must be attached)

Residential Address: _____

Phone No.: _____

Name of School: _____

Particulars of Parents

Name of Father: _____ Religion: _____

Contact: _____ (HP) _____ (Home)

Email: _____

Name of Mother: _____ Religion: _____

Contact: _____ (HP) _____ (Home)

Email: _____

Note: For those transferred from Catechism classes of other Parishes, please submit a letter from the Parish Priest confirming your attendance of the classes in his Parish.

By submitting this form, I give consent to my personal data in this form being collected, stored, retained, retrieved, used, transmitted and processed by the Archdiocese of Singapore in accordance with her Data Protection, and in line with the Personal Data Protection Act 2012, including the disclosing of personal data to approved third parties and the transferring of data outside of Singapore.

Signature of Father and/or Mother

Date