

BAPTISM OF ADULT

Church of St Bernadette
12 Zion Road
Singapore 247731
Tel: 6737 3529

(PLEASE WRITE IN BLOCK LETTERS)

Full name _____ Baptism name: _____

Date of Birth: _____ Male/Female _____ Place of Birth _____

Address: _____

_____ Tel. No./Pager/H/Phone: _____

Father's Name: _____ Mother's Name: _____

Marital Status of Candidate: Not Married / Married / Married Before _____

Spouse's full name: _____ Religion: _____

Were you married by a Catholic priest? YES / NO

Place of marriage: (country) _____ (church) _____

Date of marriage: _____ R.O.M. Certificate No: _____

God-Father's Name: _____ Marital Status: _____

(Note: Only confirmed Catholics can be God-father)

Address: _____

_____ Tel. No./ Pager/ H/Phone: _____

Is God- Father married in Church? YES / No

God-Mother's name: _____ Marital Status: _____

(Note: Only confirmed Catholics can be God-Mother)

Address: _____

_____ Tel. No./ Pager/ H/Phone: _____

Is God- Mother married in Church? YES / No

Is either godparent represented by proxy? YES / NO

Name of proxy: _____ Tel. No./ Pager / H/Phone: _____

Intended date of baptism: _____

FOR OFFICIAL USE

Minister for baptism:

To be baptized at: (other than at church)
