

**CHURCH OF ST. BERNADETTE**

12 Zion Road

Singapore 247731

Tel: 6737-3529, Fax: 6737-8658

REGISTRATION FORM FOR THE  
SACRAMENT OF CONFIRMATION

Name in Full \_\_\_\_\_ Confirmation Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Pg/HP)

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_

Address of Church of Baptism \_\_\_\_\_  
(Please attach photocopy of Baptism Certificate)

Parents' Name: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)  
(For Students Only)

**Particulars of God-Parent**

Name of God-Parent \_\_\_\_\_ Church of baptism \_\_\_\_\_  
(Please attach photocopy of Baptism Certificate)

Home Address \_\_\_\_\_

Telephone No: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Pg/HP)

Signature of Confirmand: \_\_\_\_\_ Date \_\_\_\_\_