



CHURCH OF ST VINCENT DE PAUL

301 Yio Chu Kang Road Singapore 805910

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RITE OF CHRISTIAN INITIATION FOR ADULTS (RCIA) INQUIRER REGISTRATION

[Please complete all information using **BLOCK LETTERS**]

PERSONAL PARTICULARS:

Name as in your NRIC/Passport (Please underline your surname)				Preferred name	
NRIC/Passport no.: (Please use last 3 digits & the alphabet e.g:123A)	Date of birth (DD/MM/YYYY)		Gender	Female []	
	Place of birth			Male []	

CONTACT DETAILS:

Residential address				Postal code	
Telephone contact	(Mobile)	(Home)	(Office)		
Email address	Please indicate a preferred time to call you		9am-12noon [] 12noon-6pm [] 6pm-10pm []		

PERSONAL DETAILS:

Highest educational level		Occupation	
Preferred language of Instruction			

RELIGION AFFLIATION:

Current religious affiliation (if any)		Are you a baptized Christian? Yes [] No []
<p><i>If you are a baptized Christian. Please assist to provide the information below and submit a copy of your baptism certification together with this registration form.</i></p> <p>Christian denomination: _____</p> <p>Date of Baptism: _____</p> <p>Name of Church of Baptism: _____</p> <p>Address of Church of Baptism: _____</p>		

MARITAL STATUS:

Marital status (please tick one)	Single [] Engaged []		
	Married [] Divorced [] Remarried [] Widowed []		
If your status is married, is this your first marriage?	Yes [] No []		
Name of spouse		Spouse's religion	
Date of marriage		Christian denomination (if applicable)	
Marriage certificate no. (ROM certificate)		Venue of marriage (ROM/Name of church)	
If you have been remarried, please state the date of the first marriage		Was your ex- spouse a Catholic? If no, please state spouse's religion	Yes [] No []
** Please Note: If the person has been divorced and remarried in the ROM, it will have a bearing on the baptism. The earlier this is known, the earlier something can be done. Please submit a copy of your marriage certificate if you are married.			

FOR BAPTISM DOCUMENTATION PURPOSE:

*Need not fill up upon registration. *

Your chosen Baptism / Confirmation Name: _____

PARENTS' PARTICULARS

Your Father's Name	
Your Mother's Name	

GODPARENT'S PARTICULARS

Your [] God-Father/ Your [] God-Mother's Name	
Date of Your Godparent's Baptism:	Date of Your Godparent's Confirmation:

PLEASE SUBMIT THE FOLLOWING UPON FILLING UP THE BAPTISM DETAILS:**(1) A copy of your BIRTH CERTIFICATE****(2) A copy of your GODPARENT'S BAPTISM & CONFIRMATION CERTIFICATE**

Name & signature	For official use
Date	

IMPORTANT:

Compliance with Guidelines for the Protection of Personal Data. By completing this registration form, I consent to:

- (a) The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, blocking, erasure or destruction ("Processing") of the personal data provided by me in this Form ("Personal Data");
- (b) The church entity processing my Personal Data for the purpose of my employment with the church entity or for the purpose of a contractual relationship with it.
- (c) The church entity transferring my Personal Data to other church entities within the Catholic Archdiocese of Singapore.