



CHURCH OF OUR LADY QUEEN OF PEACE

4 Sandy Lane, S'pore 437321 Tel: 6744 2879 / Fax: 6747 4401 Email: admin@queenofpeace.sg

APPLICATION FORM FOR INFANT/CHILD BAPTISM 婴孩领洗申请表

Child 婴孩	婴孩姓名 Full Name of Child: _____	领洗圣名 Baptism Name: _____
	性别 男 / 女 出生日期 Gender: Male / Female Date of Birth: _____	出生国家 Country of Birth: _____
Parents 父母	父亲姓名 Name of Father: _____	母亲姓名 Name of Mother: _____
	宗教信仰 手机 Religion: _____ Mobile: _____	宗教信仰 手机 Religion: _____ Mobile: _____
	地址 Address: _____	
	Postal Code: _____	
PLACE AND DATE OF MARRIAGE		
结婚地点与日期 Country and date of civil marriage: _____		
教堂名字与地址 Marriage: Church & Country: _____		日期 Date: _____
Godparents 代父母	代父姓名 Full Name of Godfather: _____	代母姓名 Full Name of Godmother: _____
	地址 Address: _____	地址 Address: _____
	手机 Mobile: _____	手机 Mobile: _____
	注: 代父母必须都是天主教徒。他们必须提交更新的洗礼证书。年龄至少 16 岁及以上。 Note: At least one Godparent is <u>required</u> and all must be a <u>practicing & confirmed</u> Catholics. A copy of updated Baptism Certificate is required. Godparent (s) must be 16years old and above.	

我 (父亲) _____ 和 (母亲) _____ 同意让我们的
I (Father) _____ and (Mother) _____ on our own free will,
孩子 (名字) _____ 在天主教会中领洗
allow our child (Name) _____ to be baptized/received into the Catholic Church.

Father's Signature / Date

Mother's Signature / Date

IMPORTANT NOTE: In compliance with the Singapore Data Protection Act and by signing this form, you agree and consent to the collection, receipt, processing, disclosure, storage and use of all your personal data and as such data submitted to the Church of Our Lady Queen of Peace for the purpose of processing and administration of the above mentioned.

OFFICE USE

Date of Baptism: _____

Minister: _____

Record No: _____