

DARTICHHARC

## Communion Ministers Registration Form

Please write in BLOCK LETTERS. Kindly fill in separate section for each family member and complete all fields.

This is to facilitate computer entry of information.

Thank you for your understanding.

PARTICULARS		
Full Name:		
Date of Birth:	Age	Gender: Male / Female
Address:		
Contact No:		
Email:		
Marital Status: ☐ Single ☐ Married ☐ Widowed	☐ Divorced	
If Married, is this your first marriage? ☐ Yes ☐ No		
Start Date to Serve:		
Where did your marriage take place?		
☐ Registry of Marriage (Singapore) ☐ Church Wedding ☐	☐ Overseas ☐ Others	
If church wedding, Please indicate the Church Name:		
Date of Marriage:		
PARTICULARS OF PRESENT SPOUSE		
Name:		
Religion of your spouse: ☐ Catholic ☐ Other Christian Denomination ☐ Not B	Baptised/Other Faith	
Is this your first marriage?  ☐ Yes ☐ No		
	Signature of Ap	pproval

IMPORTANT: Compliance with guidelines for the Protection of Personal Data In filling this 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");

**Parish Priest** 

- (b) The church entity processing my Personal Data for the purpose of my registration by the church entity;
- (c) The church taking photos, videos or audio recordings which may contain my image/audio and may be used for archival purposes, on the church's website, publications and for publicity purposes.

I agree/disagree to allow my name to be included in the church's contact/ mailing list.