



CHURCH OF OUR LADY OF LOURDES

50 OPHIR ROAD SINGAPORE 188690

TEL : 6294 0624 FAX: 6294 2686

Website: www.lourdes.sg

Registration Form for the Sacrament of Confirmation

Name: _____

Confirmation Name: _____

Address: _____

Date of Birth: _____ Date of Baptism: _____

Contact: _____ (H) _____ (O) _____ (M)

Email: _____

Church of Baptism: _____

Address of Church Of Baptism: _____

*(please attach photocopy of Baptism Certificate)

Parent's Name: _____ (Father) _____ (Mother)

*(applicable for students only)

Particulars of God - Parent

Name of God-Parent: _____

*(please attach photocopy of Confirmation Certificate)

Church of Baptism: _____

Address: _____

Contact: _____ (H) _____ (O) _____ (M)

Signature of Confirmed: _____ Date: _____

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");
- (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.