



**CHURCH OF OUR LADY OF LOURDES**  
50 OPHIR ROAD SINGAPORE 188690  
TEL : 6294 0624 FAX: 6294 2686  
Website: www.lourdes.sg

## Request Form for Holy Communion / Anointing of the Sick

Name of Sick/Homebound: \_\_\_\_\_

\_\_\_\_\_ Gender: Female / Male

Contact: \_\_\_\_\_ (H) \_\_\_\_\_ (O)

Requested Date & Time: \_\_\_\_\_

Name of Caller: \_\_\_\_\_

Contact: \_\_\_\_\_ (H) \_\_\_\_\_ (O)

Relationship to Sick/Homebound: \_\_\_\_\_

Address: \_\_\_\_\_

Other Details (If any): \_\_\_\_\_

### **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.

### **For Official Use:**

Fr. Michael Sitaram

Fr. Nithiya Devarajan

Fr. Paul Yeo

Others \_\_\_\_\_

Attended to by: \_\_\_\_\_

Date: \_\_\_\_\_