

# CHURCH OF CHRIST THE KING



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## RCIA Registration Form

Name in NRIC/Passport: <b>(USE BLOCK LETTERS)</b>		NRIC/Passport: <b>(last 3 digits &amp; alphabet e.g., 123A)</b>	
Date of Birth: (DD/MM/YYYY)		Country of Birth:	
Gender:		Nationality:	
Race / Religion:		Occupation:	
Address:		Postal code:	
Have you been baptized before?	* Yes / No (*please circle one)	If 'Yes': Name of Church:	
Date of Baptism: (DD/MM/YYYY)		Contact details: (Mobile / Home/ Email)	Mobile: Email:
Father's Name:		Mother's Name:	
Father's Religion:		Mother's Religion:	
Marital Status:	*Single/Married/Divorced/Separated/Widowed (*please circle one)		
Name of Spouse:		Spouse Religion:	
Marital status of your <i>current spouse</i> when entering into marriage: First Marriage / Second Marriage			
Date of Marriage: (DD/MM/YYYY)		Venue of Marriage (ROM/Church):	
Marriage Certificate No: (ROM certificate)		Date of ROM Cert (DD/MM/YYYY)	
<b><i>If this is not your current marriage</i></b>			
Name of ex-spouse:		Spouse Religion:	
Marital status of your <i>ex-spouse</i> when entering into marriage: First Marriage / Second Marriage			
Date of Marriage: (DD/MM/YYYY)		Venue of Marriage (ROM/Church):	
<b>** 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.</b>			
Covid Health Status: Fully Vaccinated *Yes / No (*please circle one) If Yes, Date effective from: _____			
<p><b>Privacy Policy</b></p> <p>Kindly note that in filling up this form, I agree and consent to the collection, use, storage, retention, adaptation, modification, reading, retrieval, transmission, blocking, erasure or destruction ("processing") of the personal data provided by me in this form and to the sharing/processing and relevant third parties (including but not limited to entities outside the Singapore jurisdiction) in connection with Roman Catholic Church related activities, pastoral services and other related purposes.</p> <p>Where I am providing such personal data on behalf of others, I confirm that I have obtained the consent of these individuals for the disclosure of their personal data for the purpose stated above.</p>			
I, _____(name), consent to the above terms.			
Signature: .....		Date: .....	