

## ST ANNE'S CHURCH

66 Sengkang East Way, Singapore 548593

## SACRAMENT OF CONFIRMATION Application Form

[Please fill this form in BLOCK LETTERS]

| APPLICANT'S PARTICULARS                        |   |
|--|---|
| Baptism [Christian] Name:                      |   |
| Full Name [as in IC]:                          |   |
| Confirmation Name [if any]                     |   |
| Address:                                       |   |
| Date of Birth:                                 |   |
| Contact No:                                    |   |
| Church of Baptism:                             |   |
| Date of Baptism:                               |   |
| If you are married:                            |   |
| Date of marriage:                              |   |
| Place of marriage:                             |   |
|  |   |
| Father's Name:                                 |   |
| Mother's Name:                                 |   |
|  |   |
| GODPARENT'S PARTICULARS [only one will suf     | fice]                                       |
| God father's / mother's name:                  |   |
| Date of birth:                                 |   |
| Contact No.:                                   |   |
| Address:                                       |   |
| Church of Baptism:                             |   |
| Date of Baptism:                               |   |
| Church of Confirmation:                        |   |
| Date of Confirmation:                          |   |
|  |   |
|  |   |
| Signature of applicant                         | <br>Date                                    |
| Signature or applicant                         | Date  |
| PLEASE ATTACH TO THIS FORM A PHOTOCOPY OF YOUR | BAPTISM CERTIFICATE AND A PHOTOCOPY OF YOUR |
| GODPARENT'S BAPTISM AND CONFIRMATION CERTIFICA |   |