CHURCH OF ST MARY OF THE ANGELS

5 Bukit Batok East Avenue 2, Singapore 659918
Tel: 6567 3866 Fax: 6562 1824 www.catholic.org.sg/smota

RCIC REGESTRATION FORM

To be Baptised: ☐ Yes ☐ No

Name of Student:
(please underline surename)

Date of Birth: / / (DD/MM/YY) Sex: ☐ Male ☐ Female

Birth Cert No/ NIRC: Country of Birth: _____

Nationality: _____ Home Tel No:

Address: _____

_____ Postal Code:

Name of School: _____ Class: _____

FATHER'S DETAIL

Name of Father: _____ Religion: _____

Occupation: _____ Office Tel: _____

Mobile: _____ e-mail: _____

MOTHER'S DETAIL

Name of Mother: _____ Religion: _____

Occupation: _____ Office Tel: _____

Mobile: _____ e-mail: _____

Does this child have any siblings attending Cathechism Class in **St. Mary of the Angel** for 2012:

☐ Yes ☐ No (if **Yes**, please provide details on back of this page)

Name of Parent: _____ Signature: _____

FOR OFFICE USE ONLY

Level of Cathechism: Form Received on:

Date of Baptism:

RCIC