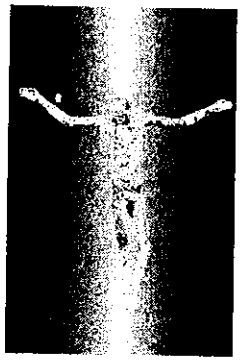

CHURCH OF ST MARY OF THE ANGELS

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

ADULT CONFIRMATION

Name: _____
(please underline surename)

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

NRIC/FIN/PASSPORT: _____ Country of Birth: _____

Nationality: _____ Contact No: _____

Address: _____

_____ Postal Code: _____

email: _____

Baptism Detail

Date of Baptism: ___ / ___ / ___ (DD/MM/YY)

Church of Baptism: _____

Married in church : ☐ Yes ☐ No

Married in ROM only : ☐ Yes ☐ No Divorce/seperated (please circle)

FOR OFFICE USE ONLY

*ADULT CONFIRMATION