

Chancery of the Roman Catholic Archdiocese of Singapore

55 Waterloo Street, #07-01 Catholic Centre Singapore 187954

CONSENT FOR BAPTISM OF MINOR

| I, (name of mother) | | , of |
|--|-------------------|---|
| (NRIC/passport no.): | , Oc | ecupation: |
| Address: | | |
| and I, (name of father) | | |
| | | , Occupation: |
| Address: | | |
| do solemnly and sincerely declare | that I/we give my | /our full, free and willing consent for |
| my/our child (name of | child on | birth certificate/NRIC/passport) |
| - | | of (birth |
| certificate/NRIC/passport no.) | | , to be baptised as a Roman |
| Catholic by the Roman Catholic Archdiocese of Singapore. | | |
| | | |
| | | |
| | | |
| Signature of Mother | - | Date |
| | | |
| Ciarata CE (I | _ | D. |
| Signature of Father | | Date |