

**Request for** 

## **Pastoral Care Services**

## **IMPORTANT:** Compliance with Guidelines for the Protection of Personal Data

In filling this form, I consent to:

- a. The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, blocking, erasure or destruction ("Processing") of the personal data provided by me in this Form ("Personal Data")
- b. The church entity processing my Personal Data for the purpose of my application.
- c. The church entity transferring my Personal Data to other church entities within the Catholic Archdiocese of Singapore, and/ or the Catholic Archdiocese overseas, where applicable.

□ Anointing	Holy Communion	House Blessing	□ Others
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## PARTICULARS

Name:	Sex: Age:			
Address:	Post Code:			
Telephone no. : Email addres	35:			
Please advise if the person stays alone or with family:Language:Language:				
If in Hospital or in the Home for the Elderly, please complete below:				
Hospital/Home:	RmBed			
Any other information that may be of help:				
Informant:	Relationship:			
Tel ( <i>H</i> ):	(Hp):			

Applicant's signatur	e / Date

Official Use:	
Attended by:	Date:
Minister:	
Date:	Time:
Note:	