



St. Joseph's Church, Bukit Timah

Tel: 6769-1666 /Fax: 6762-7136

Request for Pastoral Services

IMPORTANT: Compliance with Guidelines for the Protection of Personal Data

In filling this form, I consent to:

- 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")
- The church entity processing my Personal Data for the purpose of my application.
- 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.

<input type="checkbox"/> Anointing	<input type="checkbox"/> Holy Communion	<input type="checkbox"/> House Blessing	<input type="checkbox"/> Others
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PARTICULARS

Name:Sex: Age:

Address:Post Code:

Telephone no. : Email address:

Please advise if the person stays alone or with family:Language:.....

If in Hospital or in the Home for the Elderly, please complete below:

Hospital/Home:Ward Rm Bed

Any other information that may be of help:

Informant: Relationship:

Telephone no. : Email address:

Health Declaration: Visit is disallowed if you answer 'Yes' to any of the questions below.	Yes(Y)	No (N)
a) Received a quarantine order, stay-home notice, or		
b) Been in close contact with a confirmed COVID-19 case in the past 14 days		
c) Any fever or flu-like symptoms, temperature above 37.5degree		

We declare that the information provided is true and accurate; and we will ensure any other person(s) who may be present on that day, observe safe measures and health declaration criteria.

.....
Applicant's signature / Date

Official use:

Attended by:on

Ministered by:on.....