

CHURCH OF THE SACRED HEART

Sacramental Record Request Form

This form is used for the request of sacramental records under the care and management of Church of the Sacred Heart. Individuals seeking access to sacramental records are to use this form for any records request. Please note the following:

1. Please allow 3 to 4 weeks for processing your request.
2. The parish priest's permission and approval will be sought before any copies of the records are released.
3. The Church safeguards all personal data collected through any Church ministry, parish, commission, or activity, in accordance with the Singapore Personal Data Protection Act (No. 26 of 2012). All requests for personal data must be supported with evidence of permission from the individual or if the individual is deceased, an existing family member. We will not release the data of living persons to anyone without their consent unless it is required for legal reasons under Singapore civil law.

Details of record requested

Type of record	<input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> Death		
Full name of individual	<i>Please underline family name.</i>		
Date of birth		Date of death	
Date of baptism			
Other helpful information (e.g. name of parents, spouse)			

Details of requestor

Full name*	<i>Please underline family name.</i>		
Email address		Contact no.	<i>Please include area code</i>
Relationship to individual	<input type="checkbox"/> Self <input type="checkbox"/> Family member: _____** <input type="checkbox"/> Other: _____**		
Necessary documentation: * Please attach a copy of your photo ID as proof of identity ** Please tick the declaration which applies to you and attach proof of written permission. <input type="checkbox"/> I have express permission from the individual to obtain his/her data. <input type="checkbox"/> I have express permission from the individual's family to obtain his/her data. <input type="checkbox"/> I have permission from a recognized authority, _____ (please state), to obtain this data.			

IMPORTANT: Compliance with Singapore Personal Data Protection Act (No. 26 of 2012)

<input type="checkbox"/>	I consent to my personal data in this form being collected, stored, retained, retrieved, used, transmitted and processed by the Archdiocese of Singapore in accordance with her Data Protection Policy, including the disclosing of personal data to approved third parties and the transferring of data outside of Singapore.	Signature of Requestor/ Date
<input type="checkbox"/>	I confirm that the information I have provided in this form is complete, accurate, recent and valid to the best of my knowledge.	

For Official Use

File reference		Document No.	
Date received			
Record reference/ Remarks			
Approval by Parish Priest: Approved / Not Approved			
Signature & Date: _____			

Acknowledgement of Receipt of copies

Name		Signature
Date		