

LIVING HOPE METHODIST CHURCH – BAPTISM & MEMBERSHIP FORM

BAPTISM			MEMBERSHIP		
YOUTH / ADULT*	MODE		PROFESSION OF FAITH	METHODIST CHURCH	TRANSFER FROM
	CHILD**	IMMERSION			
Pls tick					
* Youth / Adult Baptism: 16 yrs and above **Child Baptism: below 16 years					

Member's No.	Surname	Other Name	Christian Name	Title
				*Dr / Mr / Mdm / Ms / Miss

Commonly Used Name	NRIC No./ Passport No.	Sex	Marital Status
		*Male / Female	*Single / Married / Divorced / Widowed / Separated

Name	Relationship	Church Membership	Please attach passport size photo or email photo (preferably jpeg format) to admin @ lhmc.org.sg.
Parents			
Siblings			
Spouse			
Children			
			Membership Type
			*Affiliate / Associate / Full Member

Home Address	Date of Birth
Overseas Address	Place of Birth / Nationality
Postal Code	

Home Tel No.	Mobile Phone No.	Company

Office Tel No.	Fax No.	Email Address

Membership Date	Certificate No.

Congregation	Pastor in charge

Qualifications	Year Attained	Job Title

Christian Milestones

	Date	Name of Church	Document Ref / Certificate No.
Converted			
Baptised			
Confirmed			
Married			
Transferred from			
Transferred to			

Cell Group	Name of Cell Leader

Emergency Contact	Home / Office Tel No. / Mobile Phone No.
Name	

Signature: _____ Date: _____