



BAPTISM AND MEMBERSHIP FORM

please ✓ as applicable * delete as applicable

Surname:	Other Name:	Christian Name:
Name (as it appears on NRIC):		Title *Dr /Mr /Mdm /Ms
Mobile Phone:	Home Tel:	Photo
Email Address:		
Nationality <input type="checkbox"/> Singaporean/PR: NRIC No. _____ <input type="checkbox"/> Others Nationality: _____ Valid Residence Document No. _____		
Home Address:		Postal Code:
Marital Status *Single / Married / Divorced / Widowed / Separated		
Place of Birth:	Date of Birth: dd/mm/yyyy / /	Sex: *Male/Female

Family Information

	Name	Relationship
Parents		
Siblings		
Spouse		
Children		

In case of emergency, please contact:

Name:	Relationship:	Mobile Phone:
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For more information, please contact Church Office at 6587 8810 or email admin@lhmc.org.sg



Christian Milestones

	Date	Name of Church
Baptised		
Confirmed		
Married		

Employment

Company:	Job Title:
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Baptism and Membership

<input type="checkbox"/> Baptism	Mode:	<input type="checkbox"/> Immersion	<input type="checkbox"/> Sprinkling
<input type="checkbox"/> Membership			

Personal Consent

By submitting this form, I consent to Living Hope Methodist Church collecting, using or disclosing the data herein for the purpose of Baptism & Membership matters, as well as updating the data from time to time. I also allow Living Hope Methodist Church to contact me in relation to the purposes indicated.

Signature	Date
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For Office Use

<input type="checkbox"/> Baptism	Certificate:	Date Baptised:
<input type="checkbox"/> Membership	Certificate:	Date Received:
<input type="checkbox"/> Confirmation	Certificate:	Date Confirmed:
<input type="checkbox"/> Associate	Certificate:	Date Received:
<input type="checkbox"/> Transfer of Membership		