



BAPTISM AND MEMBERSHIP FORM (CHILDREN & YOUTHS BELOW 21 YEARS)

please v as applicable * delete as applicable

Surname:	Other Name:	Christian Name:
Name (as it appears on NRIC):		
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:
Place of Birth:	Date of Birth: dd/mm/yyyy / /	Sex: *Male/Female

Family Information

	Name	Relationship
Parents		
Siblings		

In case of emergency, please contact:

Name:	Relationship:	Mobile Phone:
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Baptism/Confirmation and Membership

<input type="checkbox"/> Baptism Mode: <input type="checkbox"/> Immersion <input type="checkbox"/> Sprinkling
<input type="checkbox"/> Confirmation and Membership <i>(for youths from 16 to 20 years only)</i> Baptism History: Baptism Date: _____ Name of Church: _____

For more information, please contact Church Office at 6587 8810 or email admin@lhmc.org.sg



Personal Consent (for youths from 16 to 20 years of age on date stated below)

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 to provide me with updates on church events. I also allow Living Hope Methodist Church to contact me in relation to the purposes indicated.

Signature	Date
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Parents' Consent

*I/We hereby give *my/our consent for *my/our *son/daughter _____ to be baptized / confirmed and received as a member of Living Hope Methodist Church.

By submitting this form, *I/we consent to Living Hope Methodist Church collecting, using or disclosing the data herein for the purpose of Baptism & Membership matters, as well as to provide me/us with updates on church events. I also allow Living Hope Methodist Church to contact *me/us and *my/our *son/daughter in relation to the purposes indicated.

Father's Signature	Mother's Signature
Name:	Name:
NRIC No:	NRIC No:
Contact:	Contact:
Email:	Email:
LHMC Church Membership: *Yes/No	LHMC Church Membership: *Yes/No

Please state reason if consent is given by only one parent:

Particulars of Sponsor (if both parents are not members of LHMC)

Title: *Dr/Mr/Mdm/Ms	Member's Name:
NRIC No:	LHMC Member since:

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		

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