



# Grace Methodist Church

398 Telok Blangah Road

Singapore 098866

Tel : 62780996 Fax : 62729567

## APPLICATION FORM FOR CHILD BAPTISM

儿童洗礼申请表格

Name (in English): \_\_\_\_\_ (in Chinese) : \_\_\_\_\_

姓名 (英文)

(中文)

Address : \_\_\_\_\_

地址

Postal Code 邮区: \_\_\_\_\_

Date Of Birth : \_\_\_\_\_ Place Of Birth : \_\_\_\_\_

出生日期

出生地点

Birth Certificate No: \_\_\_\_\_ Nationality : \_\_\_\_\_

报生纸号码

国籍

Sex 性别 : Male (男) / Female (女)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

父亲姓名

母亲姓名

Father's Occupation : \_\_\_\_\_ Mother's Occupation : \_\_\_\_\_

父亲职业

母亲职业

Father's Company : \_\_\_\_\_ Mother's Company: \_\_\_\_\_

父亲之公司名称

母亲之公司名称

Father's Contact No. 父亲联络电话

Mother's Contact No. 母亲联络电话

\_\_\_\_\_ (office 办公室) \_\_\_\_\_ (res/off 家/办公室)

\_\_\_\_\_ (Hp 手电) \_\_\_\_\_ (Hp 手电)

Email 电邮 : \_\_\_\_\_ Email 电邮 : \_\_\_\_\_

Father's Signature : \_\_\_\_\_ Mother's Signature : \_\_\_\_\_

父亲签名

母亲签名

Service Attending : 1st Service (9.00am)

参加崇拜

崇拜一 (早上九点)

2nd Service (11.15am)

崇拜二 (早上十一时十五分)

Date Of Application 申请日期 : \_\_\_\_\_

Please enclose a Photostat copy of the child's Birth Certificate or relevant document. Any incomplete form will not be processed.

请呈上完整之报生或有关文件之影印本。