



# Grace Methodist Church

398 Telok Blangah Road  
Singapore 098866  
Tel : 62780996 Fax : 62729567  
Email: admin@gmc.org.sg

## APPLICATION FORM FOR CONFIRMATION/MEMBERSHIP

### 坚信礼申请表格

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

NRIC No: \_\_\_\_\_ Nationality : \_\_\_\_\_ Sex : Male (男) / Female (女)  
居名政号码 国籍 性别

Occupation : \_\_\_\_\_ Name Of Firm : \_\_\_\_\_  
职业 商号

Contact 联络 : \_\_\_\_\_ (off 办公室) \_\_\_\_\_ (home 家)

(Hp 手电) Email 电邮 : \_\_\_\_\_

Marital Status : \_\_\_\_\_ Wedding Date : \_\_\_\_\_  
结婚状况 结婚日期

Name of Spouse (if any): \_\_\_\_\_ (Eng) ; \_\_\_\_\_ (Chinese)  
配偶姓名 (若有) (英文) (中文)

Name of Next of Kin (if no spouse): \_\_\_\_\_ (Eng); \_\_\_\_\_ (Chinese)  
至亲姓名 (若无配偶) (英文) (中文)

Tel Of Next Of Kin : \_\_\_\_\_ Relationship with Next Of Kin : \_\_\_\_\_  
至亲者电话 与至亲者之关系

Service Attending :            1st Service (9.00am)            2nd Service (11.15am)  
参加崇拜            崇拜一 (早上九点)            崇拜二 (早上十一时十五分)

Date Of Infant Baptism & by whom : \_\_\_\_\_  
儿童洗礼日期及施洗牧师

Applicant's Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
申请者签名 日期

Please enclose a Photostat copy of your NRIC, Baptism Certificate & a PP size photo.  
Any incomplete form will not be processed.  
请呈上完整之居民政, 洗礼证书之影印本及一张护照相片。