



Kampong Kapur Methodist Church

Please affix
recent passport
size photograph

ADULT BAPTISM / MEMBERSHIP FORM

(16 years old & above)

APPLICATION FOR: (to be completed at the 1st session)

BAPTISM

☐ By Immersion

☐ By Sprinkling

MEMBERSHIP

☐ Confirmation of Membership
(for those baptised at age 15 years & below)

☐ Profession of Faith
(for those baptised at age 16 years & above)

MEMBERSHIP BY TRANSFER

☐ From Methodist Church

☐ From Other Denominations

PERSONAL PARTICULARS: (Please complete in **BLOCK LETTERS**)

Salutation: * Dr / Mr/ Mrs / Ms / Mdm Name: _____

NRIC/Passport No. _____ Nationality: _____ Race: _____

Date of Birth: _____ Marital Status: _____ Date of Marriage: _____

Address: _____

Telephone: _____ (H) _____ (O) _____ (M)

Email: _____ Occupation: _____

FAMILY BACKGROUND:

Relationship	Name	Age	Religion	Church	Occupation
Spouse					
Children					

Relationship	Name	Age	Worshipping at KKMC?	Remarks
Father			* Yes / No	
Mother			* Yes / No	
Siblings			* Yes / No	
			* Yes / No	
			* Yes / No	
Grandparents /Relative			* Yes / No	
			* Yes / No	
			* Yes / No	

OTHERS:

1. Have you been baptised? * **Yes / No**
 - a. If **yes**, baptised as a * **child / adult**?
 - b. **Date of Baptism:** _____ **Name of Church:** _____
2. How long have you been worshipping at Kampong Kapor Methodist Church ('KKMC')? _____
3. Which Worship Service are you currently attending? *(Please circle below)*
 - English – 8 am / 9.30 am / 11.30 am
 - Mandarin – 2 pm
 - Peranakan – 11 am
 - Tamil – 5.30 pm
4. How did you come to know of KKMC? _____
5. Are you involved in any committee, organisation &/or LifeGroup at KKMC? * **Yes / No**
 - a. If **yes**, please specify _____
 - b. How long have you been with them? _____
6. Are you transferring your membership from another Church? * **Yes / No**
 - a. If **yes**, Name of church you are transferring from _____

DECLARATION:

I confirm that the above information given are true and correct to the best of my knowledge.

I understand and acknowledge that Kampong Kapor Methodist Church ('KKMC') is collecting my personal data in this application form in relation to my baptism, and/or membership in KKMC. I hereby give consent to KKMC collecting, using or disclosing my personal data for all related purposes of maintaining, updating and otherwise in administering the Church's records (including prayers, tithes, offerings and services), that may arise out of or in connection with my baptism and/or membership in KKMC.

I also consent to KKMC contacting me by telephone, or sending phone or email messages to me arising out of or in connection to my Baptism/Membership in KKMC.

Signature:

Date:

For OFFICIAL USE:	Document Checklist
Date of Baptism / Membership Class: _____	<input type="checkbox"/> Photograph <input type="checkbox"/> Letter of Membership Transfer <u>Photocopy of:</u> <input type="checkbox"/> NRIC <input type="checkbox"/> Baptism Cert <input type="checkbox"/> Membership Cert
Date of Interview: _____ Interviewed by: _____	
Date of Baptism: _____ Certificate No. _____	
Baptised by: _____	
Date of Confirmation: _____ Certificate No. _____	
Confirmed by: _____	
Date of Transfer: _____ From (Church): _____	

* Delete where applicable