



**STRICTLY CONFIDENTIAL
FAIRFIELD METHODIST CHURCH
INFANT / CHILD BAPTISM FORM**

INFANT'S/CHILD'S PARTICULARS		
NAME OF CHILD		CHINESE CHARACTER
BIRTH CERTIFICATE NO	DATE OF BIRTH	SEX Male / Female
PARENTS'/GUARDIANS' PARTICULARS		
NAME OF FATHER (GUARDIAN)		NRIC/PASSPORT NO
NAME OF MOTHER (GUARDIAN)		NRIC/PASSPORT NO
RESIDENTIAL ADDRESS	TELEPHONE NO (H) (O) (M)	
OFFICIAL INFORMATION (FOR OFFICE USE ONLY)		
DATE OF BAPTISM	PLACE OF BAPTISM	OFFICIATING MINISTER

PARENTS'/GUARDIANS' DECLARATION OF RESPONSIBILITY

I/We, _____ accept as my/our bounden duty and privilege to live before my/our child a life that becomes the Gospel; to exercise all godly care that he/she will be brought up in the Christian Faith, that he/she will be taught the Holy Scriptures, and that he/she will learn to give reverent attendance upon the private and public worship of God.

I/We will endeavour to keep my/our child under the ministry and guidance of the Church until he/she by the power of God shall accept for himself/herself the gift of salvation, and be confirmed as a full and responsible member of Christ's Holy Church.

By the grace of God and in His power, I/We pledge to uphold this declaration.

(PLEASE NOTE)

I/We also acknowledge that Fairfield Methodist Church is collecting and using my/our personal data in this form for membership records, member care and administration and communication purposes. I/We hereby consent to Fairfield Methodist Church collecting, using or disclosing my/our personal data for the purpose of contacting me/us via telephone/sending phone messages/email/mails relating to the above stated purposes.

Date

Signatures of Parents/Guardian

NB: Please attach a photocopy of your Child's Birth Certificate.