



**BUKIT BATOK PRESBYTERIAN CHURCH**  
**21 BUKIT BATOK STREET 11**  
**SINGAPORE 659673**  
**TEL 6569-9030**

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## ADULT BAPTISM

**Full Name :** (Dr/Mr/Miss/Mdm) \_\_\_\_\_  
(Christian name in ( ) may be added after I/C name)

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

\_\_\_\_\_ **Postal Code :** \_\_\_\_\_

**Email Address :** \_\_\_\_\_

**Home Tel. No.:** \_\_\_\_\_ **Mobile phone No.:** \_\_\_\_\_

**Country of Birth :** \_\_\_\_\_ **Citizenship :** \_\_\_\_\_

**Occupation :** \_\_\_\_\_ **Month & Year of birth:** \_\_\_\_\_

**Marital Status :** \_\_\_\_\_ **Date of Marriage :** \_\_\_\_\_

**Spouse's Name :** \_\_\_\_\_ **Handphone No:** \_\_\_\_\_

**Names of Children:** \_\_\_\_\_ **Age**

1) \_\_\_\_\_

2) \_\_\_\_\_

**How long have you been a Christian?** \_\_\_\_\_

**Have you been attending other Churches? Yes / No \*** Delete where applicable

**If yes, which Church?** \_\_\_\_\_

**How long have you been worshipping in BBPC?** \_\_\_\_\_

**Are your parents Christians?** \_\_\_\_\_

**Why do you want to be baptised?** \_\_\_\_\_

**NOTE: Minimum age for adult baptism is 16 years old.**

**\*\* By signing below, I (as the baptism applicant) give consent to the collection & processing of my personal information for the purpose of applying for ADULT BAPTISM in this church.**

**Signature :** \_\_\_\_\_  
**(applicant)**

**Date :** \_\_\_\_\_