



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

Please
paste a
passport
size photo
HERE

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.: _____ **Mobilephone 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) _____

3) _____

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: I confirm I am 21 years & above at the date of this application

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

Signature : _____

Date : _____