

FORM FOR BAPTISM OF INFANTS & CHILDREN

Please fill out the following information and return this form to the church office by _____.

PARTICULARS OF CHILD

Name of Child _____

Sex _____

Birth Certificate No / NRIC _____

Date of Birth _____

Country of Birth _____

Time of Baptism _____

PARTICULARS OF PARENTS/GUARDIANS

Name of Father or Guardian _____

TMC Membership _____

Is the Father or Guardian a TMC Member? **Y / N** *

Home Address _____

Telephone Nos _____

(O)

(H)

(M)

Email Address _____

Name of Mother or Guardian _____

TMC Membership _____

Is the Mother or Guardian a TMC Member? **Y / N** *

Home Address _____

Telephone Nos _____

(O)

(H)

(M)

Email Address _____

I confirm that all the information in this form is accurate and complete to the best of my knowledge and belief. I consent to Trinity Methodist Church ("TMC") collecting, using and disclosing any of the information for the purposes of:

- *the baptism of my **child/ward***;*
- *establishing and maintaining my **child's/ward's*** record within TMC's Preparatory Membership Roll or Constituency Roll;*
- *contacting my **child/ward*** with information on, and invitations to, talks, events, and other TMC-related and Christian-related activities and literature;*
- *evaluating my **child's/ward's*** participation in all the activities in TMC, including without limitation, my **child's/ward's*** participation in other TMC ministries; and*
- *contacting me with regard to any or all of the above matters."*

Name: _____ Signature: _____ Date: _____

* Delete where inapplicable

FOR OFFICE RECORDS

Briefing for Parents

Date : _____

Time : _____

Venue for briefing : _____

Date of Baptism : _____

Place of Baptism : _____