



**APPLICATION FOR BAPTISM / MEMBERSHIP 申请洗礼/会友籍表格**

<b>A.</b>	<b>PERSONAL PARTICULARS 个人简历</b>			<b>As at day 日</b>	<b>month 月</b>	<b>year 年</b>
<b>Dr 医生/Mr 先生/Mrs 太太/Miss 小姐/Mdm 女士 *</b> <b>FULL NAME (please print) 全名(请用正楷):</b>  <b>MAIDEN NAME 其他名字:</b>					<b>Passport Size Photograph</b> <b>护照尺寸照片</b>	
<b>MARITAL STATUS: Single/Married/Divorced/Widowed *</b> <b>婚姻状况: 单身/已婚/离婚/丧偶</b>  <b>DATE OF MARRIAGE 结婚日期: ____/____/____</b> <div style="text-align: center;">MM月 DD日 YR年</div>						
<b>HOME ADDRESS 地址:</b>   <div style="text-align: center;"><b>POST CODE 邮区:</b></div> <b>EMAIL 电邮:</b>					<b>TEL(H) 电话:</b>  <b>FAX (H) 传真:</b>  <b>H/PHONE 手机:</b>	
<b>NRIC No 身份证字号:</b>			<b>DATE OF BIRTH: ____/____/____</b> <b>出生日期: MM月 DD日 YR年</b>		<b>OCCUPATION 职业:</b>	
			<b>PLACE OF BIRTH 出生地:</b>			
<b>B. INTENTION 意向目标</b>						
1	<b>Are you seeking baptism? (Please note that if you have been baptised previously, you will not be baptised again)</b> <b>你想要洗礼吗? (请注意, 若你已洗礼, 就不用再参加洗礼.)</b>					<b>YES/NO *</b> <b>是 / 否</b>
2	<b>Are you seeking Membership at The Methodist Church Of The Incarnation [MCI]?</b> <b>你想要成为卫理公会道生堂的会友吗?</b>					<b>YES/NO *</b> <b>是 / 否</b>
<b>If you have been baptised, please state:</b> <b>如果你已洗礼, 请填:</b>				<b>If you are transferring your membership from another church, please state: 如果你从其他教会转会来的, 请填:</b>		
1	<b>CHURCH 教堂:</b>			4	<b>NAME OF CHURCH 教堂名称:</b>	
2	<b>DATE OF BAPTISM: ____/____/____</b> <b>洗礼日期: MM月 DD日 YR年</b>			5	<b>DATE RECEIVED AS MEMBER: ____/____/____</b> <b>成为会友日期: MM月 DD日 YR年</b>	
3	<b>BAPTISED AS A CHILD OR ADULT:</b> <b>成人或孩童洗礼:</b>			<b>(A Transfer Letter is required from the church you presently hold membership with, if the church is in Singapore)</b> <b>如果教会是在新加坡, 需要一封转会信</b>		
<b>C. 基督徒背景</b>						
1	<b>第一次接触耶稣基督信仰吗?</b>					
2	<b>何时接受耶稣基督为救主?</b>					
3	<b>何人介绍你来道生堂?</b>					

\* Please circle where applicable

<b>D.</b>	<b>PRESENT INVOLVEMENT 现在的参与活动</b>		
<b>1</b>	<b>How long have you attended services at MCI?你参加道生堂的崇拜多久了?</b>		
<b>2</b>	<b>a)</b>	<b>Are you presently attending a MCI Cell Group?你有参加道生堂的关怀小组吗?</b> [If yes, pl indicate the Leader's name]: (若有请填写上组长名字, 小组别)	<b>YES/NO *</b>
	<b>b)</b>	<b>How long have you been with this Cell Group?你参加关怀小组多久了?</b>	
<b>3</b>	<b>Other ministries in MCI you are presently involved in [e.g. Children's Ministries, Youth, Ushering Team, W&amp;E Committee, etc]:你在道生堂参与其他服事于(儿童主日学, 少年组, 招待组, 敬拜音乐等等)</b> [Please state the length of involvement for each ministry] (请注明服事多久了)		

<b>E</b>	<b>SPOUSE'S PARTICULARS 配偶资料</b>		
Dr 医生/Mr 先生/Mrs 太太/Miss 小姐/Mdm 女士 * FULL NAME (please print) 全名(请用正楷):			
<b>NRIC No:</b> 身份证字号:	<b>DATE OF BIRTH:</b> ____/____/____ 出生日期: MM月 DD日 YR年	<b>OCCUPATION:</b> 职业:	
<b>RELIGION 信仰:</b>		<b>CHURCH MEMBERSHIP 会友籍:</b>	

<b>F.</b>	<b>PARTICULARS OF CHILDREN 小孩资料</b>				
<b>NAME OF CHILD 小孩姓名</b>	<b>BIRTH DATE 出生日期</b>	<b>SEX 性别</b>	<b>YEAR OF BAPTISM 洗礼年月</b>	<b>CHURCH MMBRSH 教堂会友籍</b>	

<b>G.</b>	<b>FAMILY BACKGROUND 家庭背景</b>			
	<b>姓名</b>	<b>亲属关系</b>	<b>崇教信仰</b>	<b>教堂会友籍</b>
<b>PARENTS 父母</b>				
<b>SIBLINGS 兄弟/姐妹</b>				

**NOTE: If you have any queries regarding the completion of this form, please contact the pastor at the Church Office.**  
注: 假如你对填写此表格有任何疑问, 请联络本堂牧师。

<b>FOR OFFICIAL USE</b>	
<b>Date Form Received:</b> ____/____/____ MM DD YR	<b>Joined Class No</b> _____ <b>of</b> _____
<b>Date of Baptism:</b> ____/____/____ [Immersion/Sprinkling*] MM DD YR	<b>Date of Confirmation/Transfer*:</b> ____/____/____ MM DD YR
<b>Baptismal No:</b> _____	<b>Membership No:</b> _____
<b>Baptised by :</b> _____	<b>Received by:</b> _____
<b>Place:</b> _____	
<b>Remarks:</b> _____	