



DATA COLLECTION

Today's Date _____

* Please be assured that you will be guided through the filling up of this data collection form

Section (A) – Please fill in all particulars in BLOCK LETTERS

* If you are below 21 years and attending church alone, please provide your parent's/guardian's details in Section (G) as well.

Congregation Bahasa Dialect English Filipino Chinese Youth

Salutation Mr Mrs Ms Miss Dr Prof
 Others (If Others, please state title) _____

Name (underline Surname/Maiden Surname) (if applicable)

I would like to be called _____

Marital Status Divorced Married Single Widowed

Birthdate / / **Occupation** _____
DD MM YYYY

Contact Nos Mobile _____ Work _____

Email *Unique email address is required for Church Portal login. Shared email address will be rejected by the system.* _____

Medical Conditions/ Allergy _____

Section (B) – Household Address

Household Address

Block/No _____ Unit Number _____

Street Name _____

Postal Code _____ Contact No. Home _____

Section (C) – More Information

Baptism I was baptized in (pls state church) _____

I am a born-again Bible-believing Christian since _____ (year of conversion)

Gospel Light Care Group: I belong to _____ (name of CG leader)

Communication Channels

I would prefer to receive general communications from the church via

Email Facebook Phone app SMS Twitter

Yes, I would like to receive church SMS for bereavement announcements

Extended Family

I have extended family that also attends *Gospel Light Christian Church* as follows:

Relationship _____ Name _____

Relationship _____ Name _____

Relationship _____ Name _____

Section (D) – Spouse’s Information

Spouse’s Name (underline Surname/Maiden Surname) (if applicable)

Spouse would like to be called _____

Salutation Mr Mrs Dr Prof
 Others (If Others, please state title) _____

Congregation Bahasa Dialect English Filipino Chinese

Birthdate / /
DD MM YYYY **Occupation** _____

Contact Nos Mobile _____ Work _____

Email *Unique email address is required for Church Portal login. Shared email address will be rejected by the system.* _____

Medical Conditions/ Allergy _____

Baptism Baptized in (pls state Church) _____

Born-again Bible-believing Christian since _____ (year of conversion)

Communication Channels

Prefer to receive general communications from the church via

Email Facebook Phone app SMS Twitter

Yes, would like to receive church SMS for bereavement announcements

Section (E) – More Information

Extended Family

have extended family that also attends *Gospel Light Christian Church* as follows:

Relationship _____ Name _____

Relationship _____ Name _____

Relationship _____ Name _____

Section (F) – Please fill in your children’s particulars in BLOCK LETTERS (age below 21)

Child 1’s Name _____

Gender Male Female **Birthdate** / /
DD MM YYYY

Medical Conditions/ Allergy _____

To the best of your knowledge, has your child trusted the Lord Jesus Christ as his/her personal

Saviour? Yes No Not sure If yes, state / /
DD MM YY

Date of baptism / / Baptized in (pls state Church) _____
DD MM YY

Child 2's Name _____

Gender Male Female Birthdate / /
DD MM YYYY

Medical Conditions/ Allergy _____

To the best of your knowledge, has your child trusted the Lord Jesus Christ as his/her personal Saviour? Yes No Not sure If yes, state / /
DD MM YY

Date of baptism / / Baptized in (pls state Church) _____
DD MM YY

Child 3's Name _____

Gender Male Female Birthdate / /
DD MM YYYY

Medical Conditions/ Allergy _____

To the best of your knowledge, has your child trusted the Lord Jesus Christ as his/her personal Saviour? Yes No Not sure If yes, state / /
DD MM YY

Date of baptism / / Baptized in (pls state Church) _____
DD MM YY

Child 4's Name _____

Gender Male Female Birthdate / /
DD MM YYYY

Medical Conditions/ Allergy _____

To the best of your knowledge, has your child trusted the Lord Jesus Christ as his/her personal Saviour? Yes No Not sure If yes, state / /
DD MM YY

Date of baptism / / Baptized in (pls state Church) _____
DD MM YY

Section (G) – Please provide your parent's/guardian's details for emergency contact purposes.

Name (underline Surname) _____

Relationship _____ Contact No _____

*** All information given will be kept strictly confidential and will be maintained in our Church Database, in accordance with the Personal Data Protection Act 2012.**

I consent to the collection, use and disclosure of my information for the purpose of the Fellowship One Database.

Signature _____

Date _____

For Official Use Only Status Reviewed by Admin Dept.

Data Entered by _____ Date _____