



# 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**   /   /     **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** \_\_\_\_\_

**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 \_\_\_\_\_

By signing this form, \_\_\_\_\_

You consent to the collection, use and/or disclosure of your personal data by us for the purposes of communicating any administrative information with you, informing you of any church-wide events, programmes or training, and/or the provision of pastoral and shepherding care. Our Personal Data Protection Policy is given at [www.gospellight.sg](http://www.gospellight.sg) > Connect > Personal Data Protection Policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Official Use Only**  Status Reviewed by Admin Dept.

Data Entered by \_\_\_\_\_ Date \_\_\_\_\_