

**FAITH METHODIST CHURCH**  
400 Commonwealth Drive  
Singapore 149604  
[mail@faithmc.sg](mailto:mail@faithmc.sg)  
Tel: 64719420

PARENTS/GUARDIAN CONSENT

I, \_\_\_\_\_ name of Father\*/Guardian and

I, \_\_\_\_\_ name of Mother\*

willingly give our/my consent for

\_\_\_\_\_ name of youth

to be baptized in Faith Methodist Church.

\_\_\_\_\_  
Signature of Father/Guardian and date

\_\_\_\_\_  
Signature of mother and date

\*Guardian to sign in the absence of the father or mother permanently.

