

First Generation Matching Application Form

Passport Photo Here (Also submit the 2 8" x 10" photos)	Name (Last):	Given (First)	Middle
	Str Addr:		Phone (home): ()
	City, St, Zip:		Phone (cell): ()
	Mission Country:		Nationality:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: Year Mon Day	Spiritual Birthday: Year Mon Day
Email Address:		Mission/Occupation:	
Academic Background Code:	Height: cm <small>(1 inch = 2.54 cm)</small>	Weight: Kg <small>(1 lb = 0.45359 Kg)</small>	Blood Type:
Local Church Location:		Local Church Tel. No.:	
Current Marital Status: Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> (If legally married, you are not eligible for matching.) Have You Ever Lived With Someone Outside of Marriage? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, for How Long? _____ Number of Children: Sons () Daughters () None ()			
Were you Previously Blessed? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, What Blessing Group? _____ What year? _____ If yes, did you complete the 3-Day Ceremony? Yes <input type="checkbox"/> No <input type="checkbox"/> Any Blessed Children: Boys () Girls () Are you divorced? Yes () No () Date the divorce was finalized? _____ Cancellation Form with Release letter must be attached: Yes () No () Date of cancellation? _____			
AIDS: HIV Positive <input type="checkbox"/> HIV Negative <input type="checkbox"/>		Sickle Cell: Negative <input type="checkbox"/> Carrier <input type="checkbox"/> Anemia <input type="checkbox"/>	
Describe in Detail Any Serious Health Problem: (Serious Illnesses, Infertility, Venereal Disease, Physical Handicaps or Hereditary Diseases. Continue on the back if necessary.)			
Remarks: (Continue on the back if necessary.)			
Pledge of Faith: I agree with the ideology of the Family Federation for World Peace and Unification to establish a world of peace through the ideal of true family. I certify all of the above information to be true. I further pledge to follow all the preparations, ceremonies and directions of the Blessing Ceremony.			
Print Name: _____ Signature: _____ Date: _____			
Certification of this Candidate: I certify that this applicant fulfills all the requirements to be a candidate for matching and Blessing according to the official standards designated by the True Parents and HSA-UWC for the Blessing.			
Local Church Leader:		District Church Leader:	
Signature _____		Signature _____	
Printed Name _____		Printed Name _____	
Telephone Num _____		Telephone Num _____	

Return this Application with photos and other requirements to: Hiromi Stephens, Blessed Family Dept., 6106 Tamar Dr., Columbia, MD 21045