

Application form for BC Blessing

Ver.05/16/2009 BC Blessing Dept. FFWPU -

Date : / /

TISA		Name		Gender	Birthday (M/D/Y)	Blood Type
First	Middle	Last		M / F	/ /	
				Family Relationship	ex :3 rd Child, 1 st Son	
				Height	feet	inches
Candidate's Address	Address					
	City			State		Zip Code
	Phone		Fax			
	Cell Phone		Email			
Candidate's Parents' Address	Address					
	City			State		Zip Code
	Phone		Fax			
	Cell Phone		Email			
Nationality				Place of Birth		
Highest Academic Level Completed	School Name				Major	
	What are you doing now :					
Occupation				Company		
Father's Name			Mother's Name			Blessing Couple Year
Have you attended a Blessing Workshop before?			Place and Time of the Workshop			
Blessing History	First Time / Reblessing		Preference of International Blessing		7 Day Fast: Yes / No	
	() Year Blessing		Yes / No		Period: / / - / /	
Have you attended or are you currently attending STF or other leadership programs such as NGA or etc.?		Name of Program	Period	/ / ~ / /		
Native Language		Foreign Language				
<p style="text-align: center;">For District Director (or the designated Church Leader)</p> <p>I certify that I have reviewed this information, interviewed the candidate, reviewed his or her health certificate and approve of this candidate being matched and Blessed.</p> <p>Name of District : _____ Date : _____</p> <p>Name : _____ Signature : _____</p>						
						Photo