

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	/ / ~ / /		<div style="text-align: center; font-size: 2em; color: #ccc;">Photo</div>		
Native Language		Foreign Language						
<p 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>								