

SECOND GENERATION BLESSING APPLICATION

Ver.2002 - 8 FFWPU - 2GD

Date : / /

Name			Gender	Date of Birth (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 Workshop		
Blessing History	First Time / Reblessing		Preference of International Blessing		if "Yes" put the name of countries
	() Year Blessing		Yes / No		
Have you attended or are you currently attending STF ?		Period	/ / ~ / /		
Native Language		Foreign Language			
<p>For Regional Director</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>					
Name of Region : _____			Date : _____		
Name : _____			Signature : _____		
					Photo