

Parental Consent Form

1. Name of Blessing Candidate : _____

2. Date of Birth (M/D/Y) : _____ / _____ / _____

3. Place of Birth : _____
(City) (State) (Country)

I, _____, agree as the parent or legal guardian of the person listed above give my permission for them to attend the True Parents' Holy Blessing

Relationship to Candidate : _____

Blessing : _____ Couples _____ Year

Telephone Number : _____

Date (M/D/Y) : _____ / _____ / _____

Signature : _____

FAMILY FEDERATION FOR
WORLD PEACE AND UNIFICATION