

Inter-cultural Blessing (Matching) for Children of Ambassadors for Peace

APPLICATION FORM

Candidates must personally fill out form by hand

Recommended by:						Photo
SPONSOR:	() nation () district () Local					
Name in Full	Family	Given	Middle			
Age:	Blood type:	Height: (cm or inch)	Weight: (kg or lbs.)			
SEX <input type="checkbox"/> M <input type="checkbox"/> F	Eyesight: Left Right					
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Previously Married [<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed]					
Residential Address						
Contact Number	Home:		Office:			
	Cell:		E-mail:			
Occupation						
Please write in detail	Number of years in current occupation:					
Religion	Christianity <input type="checkbox"/> , Buddhism <input type="checkbox"/> , Islam <input type="checkbox"/>		Proficient			
	Hinduism <input type="checkbox"/> , Other(), None <input type="checkbox"/>		languages			
Preferred nationality of spouse	1. 2.	<input type="checkbox"/> Any nationality <input type="checkbox"/> Must be ()				
Alcohol	<input type="checkbox"/> Frequently		Smoking	<input type="checkbox"/> More than a pack a day		
	<input type="checkbox"/> Sometimes			<input type="checkbox"/> Sometimes		
	<input type="checkbox"/> Never			<input type="checkbox"/> Never		
Education	Please indicate if you have completed:					
<i>Certificate Required</i>	<input type="checkbox"/> 2-day education		[Date: / /]	Venue:]		
	<input type="checkbox"/> 3-day Principle Workshop		[Date: / /]	Venue:]		
1. Have you received education on the significance and value of the Blessing? <input type="checkbox"/> Yes / <input type="checkbox"/> No						
2. Have you been fully briefed on the details of the procedure and method of the Blessing Marriage? <input type="checkbox"/> Yes / <input type="checkbox"/> No						
3. Have you read through the Divine Principle at least once? <input type="checkbox"/> Yes / <input type="checkbox"/> No						
Highest level of education completed:			Hobbies			
Family Matters						
Father	Name:	Age:	<input type="checkbox"/> Deceased	Occupation:	Religion:	
Mother	Name:	Age:	<input type="checkbox"/> Deceased	Occupation:	Religion:	
Siblings	() brothers [Among which () are married, () are single]					
	() sisters [Among which () are married, () are single]			I am the () oldest in the family		
Does your family approve to your application for the Blessing? <input type="checkbox"/> Yes / <input type="checkbox"/> No						
※ Documents submitted for the Blessing will not be returned. Any discrepancies or falsification of the information found will result in the immediate nullification of the Matching and Blessing of the candidate.						
Submitted on: / /						

Questionnaire

1. Have you ever cohabitated with a person of the opposite sex? No Yes, if so how long? () months / years

2. Do you have any children from a previous relationship? No Yes, if so how many? () sons, [age:] () daughters
[age:]

3. Do you have any illness or health issues that are not indicated in the health certificate? No Yes, if so please explain:

4. Do you have any significant scars on your body, or other deformity? No Yes, if so please indicate the exact location.

[If it would be helpful in indicating the severity or lack of severity, please also attach a photo.]

5. Do you have any disabilities? No Yes, if so please explain.

[If it would be helpful in indicating the severity or lack of severity, please also attach a photo.]

6. Have you ever traveled abroad? No Yes, if so where () and how long (days) did you stay?

7. Have you ever been hospitalized? No Yes, if so please indicate the reason and duration.

[Name of illness: Period of stay:]

8. Have you ever been sentenced to prison? No Yes, if so please explain.

Personal History

Education:

Career:

Please introduce yourself: (※ Be factual and honest. Do not exaggerate or be misleading in what you write.)

* Family Background and particular experiences during your youth:

* Your strong points and weak points:

* Future hopes and aspirations:

I hereby pledge that the information in this application is true and agree to comply with the rituals and procedures for receiving the Blessing.

Signature of Applicant:

Date: / /

Written Pledge to Participate in the Matching and Blessing

The significance and value of the Blessing marriage has been explained to me and I understand and agree to its significance and value. I am fully aware of the rituals and procedures for receiving the Blessing.

I hereby pledge that:

1. I will attain the standards for taking part in the Blessing Ceremony by:
 - a. Agreeing to the Federation's ideal of creating a peaceful world through the true family ideal.
 - b. Respecting the True Parents and upholding the purity of true love.
 - c. Completing 3-day workshops and 2-day Blessing education organized by the national headquarters
 - d. Completing the Blessing donation
 - e. I will complete the true family ideal by practicing true love.
2. I will not refuse the partner that is assigned to me through the matching ceremony on the condition that he or she is qualified to take part in the Blessing.

Word of Caution

- ▣ The Blessing donation is a donation made in gratitude to participate in the Blessing, not a fee.
- ▣ If the candidate violates the pledge above, they will lose their qualification to participate in the Blessing ceremony
- ▣ A candidate may lose his or her qualification to participate in the Blessing Ceremony in any of the following cases:
 - (1) If the candidate withdraws from the Blessing Ceremony
 - (2) If the candidate had falsified facts in application form
 - (3) If the candidate had not participated in the education courses
 - (4) If the candidate is mentally ill, epileptic or suffering from an incurable disease or financially incapable of leading a regular life
 - (5) If the candidate abuses alcohol or tobacco

Applicant

Name: (Signature)
Gender: (Age)
Address:
Tel:

Sponsor

Name: (Signature)
Gender: (Age)
Address:
Tel:

Date: / /