# Unification Church Europe

European Second Generation Blessing Department
ESGD, Second Generation Blessing Dept., c/o Geros Kunkel, Walter-Hesselbach-Str. 214, 60389 Frankfurt, Germany
www.bfdeu.org www.esgd.org E-Mail: blessing@esgd.org


Dear Blessing Applicant,

Below is the 2nd Generation Blessing Application for Europe.
**All** 2nd Generation Blessing Candidates need to complete this application in order to be eligible for the Blessing.
Please fill out the forms below and send them to the European Second Generation Department:

**ESGD 2nd Gen Blessing Department**
**c/o Geros Kunkel**
**Walter-Hesselbach-Str. 214**
**60389 Frankfurt am Main**
**Germany**

**Email: blessing@esgd.org**

## Forms to fill out

- Second Generation Blessing Application Form
- Family Introduction Form

## In addition to the forms please include in your Blessing Application

| | | |
|---|---|---|
| Blessing Pictures | Provide 2 A4 pictures of Head and Full body. Print them out and send them to us, we will print the pictures for a fee of 10 euro per picture. | For details see footnote [1] |
| Interview/Confession | Needs to be conducted with the National Leader or BFD representative. | Interview form needs to be filled out and signed. |
| AIDS Test / Health Report | An AIDS test at your local doctor and a statement that you are healty | For details see footnote [2] |

## Did you complete:

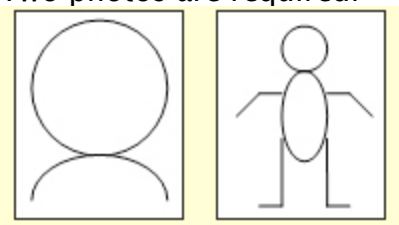
7 Day Fast Yes ☐ Dates:
Blessing Workshop Yes ☐ Date: (send a copy of certificate)
21 Day DP Workshop Yes ☐ Which: Date:

# [1] Blessing Pictures

Two colour photos 8x10 inches (20x25cm)

1. One full length (candidate standing) and one of head and shoulders
2. Photos should be clear, taken indoors against a plain background
3. Those who normally wear glasses should wear them for the photos
4. Please dress nicely with proper shoes
5. Please remember that the pictures will be shown to True Parents. Thus please make sure that the pictures ARE OF good quality. (If possible it is recommended to have the pictures made by a professional photographer)
6. Please send pictures in portrait format (not landscape!)

Two photos are required:



You might also wish to provide one family-picture. This is optional, but recommended.

# [2] AIDS test / Health Report

This is a short statement about the health of the candidate. It can be written and signed by either the parents or the candidate him/herself. Only major health problems need to be stated. If there are no major health problems, please sign the health statement, declaring the absence of any major health problems on the Application Form.
In addition to the statement an AIDS/HIV test needs to be submitted. This needs to be done by a doctor or at a hospital. Please make sure that it is clearly visible on the test, that the candidate is HIV negative.
The information will not be published.

**Health problems that need to be mentioned include:**

- Genetic diseases
- Mental illnesses
- Sexually Transmitted Diseases (STDS)
- HIV/AIDS infection
- Etc.

**Health problems that do not need to be mentioned:**

- Temporary diseases
- Broken bones
- Near or farsightedness
- Etc.

# Unification Church Europe

## European Second Generation Blessing Department

www.bfdeu.org www.esgd.org E-Mail: blessing@esgd.org

## Second Generation Blessing Application Form

Date (dd/mm/yyyy):

| Name | | | Gender | Date of Birth (dd/mm/yyyy) |
|---|---|---|---|---|
| First | Middle | Last | M / F | |
| | | | Height (cm): | |
| | | | Weight (kg): | |

| | |
|---|---|
| Native Language: | Foreign Language: Little / Daily Conversation / Fluent |
| Foreign Language: Little / Daily Conversation / Fluent | Foreign Language: Little / Daily Conversation / Fluent |

| | | | | | | |
|---|---|---|---|---|---|---|
| Address | Address | | | | | |
| | City | | Zip Code | | Country | |
| Phone | | Fax/Mobil | | Email | | |
| Parents Address | Address | | | | | |
| | City | | Zip Code | | Country | |
| Phone | | Fax/Mobil | | Email | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Last Schools Attended | School / Major | Month | Year Entered | Month | Year Graduated | Degree |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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|---|---|---|---|---|---|---|
| Current Occupation | Name of Occupation | Contents | Month | Year Entered | Month | Year Finished |
| | | | | | | |
| | | | | | | |

**Church Activities**

(Workshops / Projects / Fundraising & Witnessing Experiences)

**Health Statement / Signature**

I hereby declare, that all the above is true to the best of my knowledge.

I further declare to be in general good health. Any health problem will be reported separately to the Second Generation Department.

Date (dd/mm/yyyy):_____ Signature:_____

# FAMILY INTRODUCTION Form **Date : / /**

| Name: | DOB(ddmmyyyy): | Gender: male/female |
|---|---|---|

| **Father's Side** | | | **Mother's Side** | | |
|---|---|---|---|---|---|
| Name | | | Name | | |
| First | Middle | Last | First | Middle | Last |
| | | | | | |
| **Date of Birth : / / (Day/Month/Year)** | | **Blessing :** | **Date of Birth : / / (Day/Month/Year)** | | **Maiden Name:** |
| **Occupation** | | | **Occupation** | | |
| | | | | | |
| **History of Church Activities** | | | **History of Church Activities** | | |
| | | | | | |

**Children**

| First Name | Middle Name | Sex | Birth year | Blessed (Y/N) | Occupation／School／Other |
|---|---|---|---|---|---|
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