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

Candidates must personally fill out form by hand

Recommended by:											
SPONSOR:		() nation () distri		istrict (rict () Local				
Name in Full		Family		Given				Middle			
										Photo	
Age:		Blood ty	Blood type: Heigh		ght: (cm or i		inch)	Weight:	(kg or lbs.)		
SEX 🗆 M 🗆 F		Eyesigh	Right								
Marital Status		Single Previously Married [Divorced Widowed]									
Residential Address											
Contact Number		Home:	Office:								
		Cell:			E-mail:						
Occupation											
Please write in detail		Number of years in current occupation:									
Religion		Christianity 🔲, Buddhism 🔲, Islan			Pro		ficient				
		Hinduism , Other(), None				languages					
Preferred nationality of spouse 1. 2. Any nationality Must be ())			
-	🗆 Frequ	□ Frequently			☐ More than a pack a day						
Alcohol	□ Sometimes				Smoking		□ Sometimes				
□ Neve		ſ Ţ				□ Never					
Education		Please indicate if you have completed:									
Certificate Required		□ 2-day education			[Date: / / Venue:]				
		3-day Principle Workshop		[Date: / / Venue:]					
1. Have you	received	education	on the significance	and valu	ue of the E	Blessing	g? □	Yes / 🗌 No			
2. Have you	been fully	briefed or	n the details of the p	rocedu	re and me	thod of	the Bl	essing Marria	ge? 🗆 Yes/ [□ No	
3. Have you read through the Divine Principle at least once? Yes / No											
Highest level of education completed: Hobbies											
	1				Family	/ Matte	rs				
Father	Name:	Name: Age:			Deceased		Occupation:		Religion:		
Mother	Name:	Age:			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? Yes / 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:] () daughter								
[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?								
7. Have you ever been hospitalized?								
[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: / /								

Blessing Donation: Paid on: / / by wire transfer deposit								
policy for 1. If a candidate decides to cancel his or her application before the completion of the candidate's initial								
Blessing donation matching, the candidate will be entitled to a refund of the Blessing donation after deducting 100,000 KRW								
or 25% of the blessing donation, whichever is smaller, for administrative expenses.								
2. If either candidate dissolves the initial matching after it is completed, but before the Blessing, both								
candidates will be entitled to a refund of the Blessing donation after deducting 200,000 KRW or 50% of								
the blessing donation, whichever is smaller, for administrative expenses.								
3. The Blessing donation is non-refundable if the candidate has participated in the Blessing Ceremony								
Information required from SPONSOR recommending this candidate:								
① Number of consultations with SPONSOR ()								
② Candidate's understanding of the standards and values of the blessing Good Fair Poor (I do not recommend)								
③ Please describe the candidate's character								
④: Please describe the situation of the candidate's lifestyle								
Please state your overall opinion of the candidate:								
I confirm that the information in this application is true to the best of my knowledge.								
Date: / /								
Signature of Local Sponsor (who must know the candidate personally)								
Signature of National or Regional SPONSOR								
[Documents to Prepare for Single Candidates]								
① Blessing Application Form								
② Family register								
③ Photos: one for matching and one for Family Card								
Blessing donation receipt								
(5) Health Certificate								
6 Results of HIV/AIDS test								
⑦ Certificate of graduation from school/college								
③ Certificate of employment								
Certificate of having completing required educational workshops								
Written pledge to participate in the Blessing								

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		Sponsor	
Name:	(Signature)	Name:	(Signature)
Gender:	(Age)	Gender:	(Age)
Address:		Address:	
Tel:		Tel:	
	Date:	1 1	