

Belvedere Family Community: Northeast HJ CheonBo Great Works - March 29

Justin Okamoto
March 18, 2025



Northeast HJ CheonBo GreatWorks ~ Mar. 29

The Spring HJ CheonBo Greatworks will include Ancestral Liberation, Blessing, Removal and Liberation of Central Evil Spirits, Collateral Liberations and Hyojeong Won Ceremony.

This is a National/subregional HJ CheonBo Greatworks, therefore, everyone is welcome!

One-on-One Special Ansu Appointments are available. See registration link below to make your appointments.

Please review the registration to submit any application forms.

Date: Saturday, March 29

Location: New Jersey Family Church

Satellite Location: Belvedere Family Church

Satellite Location: NJ KEA Family Church

Registration is on a first come first served basis due to capacity.

Here is the registration link: hsa.regfox.com/hj-cheon-bo-greatworks-northeast-spring-2025

Belvedere Family Community
723 S Broadway
Tarrytown, NY, 10591
info@belvederefamily.com



HJ CHEONBO GREATWORKS - NORTHEAST

The Spring HJ Cheonbo Greatworks will include Ancestral Liberation, **Ancestor Blessing**, Removal & Liberation of Central Evil Spirits, Collateral Liberations, and **Hyojeong Won Ceremony [Ancestor House]** for those who buy the ancestor house.

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Please find all forms [Here](#)

All forms should be brought or mailed **by March 22nd** to **New Jersey Family Church**.

New Jersey members can bring the forms in person and give them to **Mrs. Eriko Endo**.

For those outside of New Jersey, please mail to 78 DeMott Ave, Clifton, NJ 07011 to Name: Atsushi Takino

All checks should be payable to "CSW"

For questions, please contact northeasthq@unification.org

Additionally, we will have a Hyojeong Won (Ancestor House) at 6pm on March 29th for those who purchase the Hyojeong Won. Anyone participating is encouraged to register at NJ Family Church as the ceremony will not be live-streamed.

ANSU APPOINTMENTS NOW AVAILABLE 3/28 & 3/30

[Ansu Appointment 1 - New Jersey \[Click to Schedule\]](#)

[Ansu Appointment 2 - New Jersey \[Click to Schedule\]](#)

[Ansu Appointment 3 - New Jersey \[Click to Schedule\]](#)

[Ansu Appointment 1 - Belvedere \[Click to Schedule\]](#)

[Ansu Appointment 2 - Belvedere \[Click to schedule\]](#)

Date: MARCH 29

9:00am - 6:00pm

Location: New Jersey Family Church: 78 DeMott Ave. Clifton, NJ

Satellite Location: Belvedere Family Church: 723 S Broadway Tarrytown, NY

Satellite Location: KEA NJ Church: 374 Squaw Brook Rd. North Haledon, NJ

COST: \$35 per Adult & \$15 per child [Ages 13 and below]

Deadline to register: March 26th

Your Information

Location*

(Choose One)

Name*

First Name

Last Name

Community/Church*

Gender*

☐ Male

☒ Female

Total number of people*

(Choose One)


Number of children participating
[ages 13 and Below]

(Choose One)

Email*

Email Address

Phone Number*



Any food allergies*

Will you be buying a Hyojeong
Won (Ancestor House)?*

☐ Yes

☐ No

Will you be attending the
Hyojeong Won ceremony
(Ancestor House) at 6pm March
29th after the Cheonbo
Greatworks?*

☐ Yes

☐ No

Total


\$0.00


Purchase Protection


RECOMMENDED


Add Purchase Protection for a small fee and get a 100% refund of your registration purchase should you be prevented from attending due to a qualifying unforeseen circumstance. [\(Full Terms\)](#)


Why protect your registration purchase? Purchase Protection covers:


-  Severe Illness and Injury


 COVID-19


 Hospitalization


 Death in Family

 Transportation Failure

 Crime and Home Emergency

 Employment Obligations

 Acts of Nature

 Legal Obligations

Purchase Protection covers many common unforeseen circumstances, but exclusions apply. [View full List of qualifying circumstances and exclusions.](#)

☐ Yes, protect my event registration purchase (Recommended)

☐ No thanks, I am willing to risk losing \$0.00. I understand I cannot add this later.

* Terms, conditions and exclusions apply. Not available for or applicable to events, attendees, or travel outside of the USA. Purchase Protection is a service offered by Purchase Protection LLC. Purchase Protection is not an insurance policy. It is a service that will refund you 100% of your event fees, taxes and dues should you be prevented by unforeseen circumstances from attending the event. Purchase Protection does not apply to, and will not reimburse, merchandise purchases and charitable donations. Purchase Protection fees will be charged as a separate transaction. Any changes made to your purchase will not change the amount covered in this agreement.

[Read Full Terms and Conditions](#)

Billing Information

Email*

Email Address

Confirm Email*

Confirm Email Address

Name*

First

Last

Credit Card*

Card Number

VISA

AMEX

DISCOVER

Month

Year

CVV

Address*

United States of America

Street Address

City

State

ZIP Code

Phone Number*

☒ Yes, it's okay to send me text messages including confirmations, changes, updates, and/or promotions. Message frequency varies. Message and data rates may apply. [View our terms of service & privacy policy.](#)

SUBMIT

Special Ansu Instructions

Please read the following important points before you come to the Ansu appointment.

1. Please print out the special Ansu Application form as attached. Fill it out, and bring it with you at the Ansu appointment.
Please be sure to sign and write the date of your reservation.

特別按摩申請書を印刷し、記入して持参してください。必ずサインと予約日のを書いて下さい。

2. Please make the special Ansu donation in cash.
特別按摩の献金は現金にしてください。

3. Please bring your own bath towel. Person who need Ansu on your leg and Diabetic person need to wear short pants and all other cases not to wear jeans or thick material pants.

ご自分のタオル(バスタオル、ハンドタオル)を持参してください。足の按摩が必要な方、糖尿病の方は必ず半ズボンを持参してください。それ以外の方もジーンズや厚手のズボンは避けて下さい。

4. Please read "Notice Before Ansu " before you come to appointment.
特別按摩の案内文(Notice Before Ansu)を事前に読んでください。

Notice Before Ansu

When it is your turn to receive SPECIAL ANSU, please **bow** to Heavenly Parent and True Parents before it begins. After receiving ANSU, please offer a **bow of gratitude** as well.

Due to time limitations, we can provide ANSU for a maximum of **two parts** of the body.

While some may experience immediate effects after the ANSU, the results can vary depending on the depth and severity of the illness. Please do not be discouraged if you don't see immediate effects.

After receiving the ANSU, the Central Evil Spirit and their gouns that are removed will be sent to Heung Jin Nim's 100-Day Workshop Center. Please remember to **pray** in the Cheonshim-Won for safe transition of those Central Spirits to Heung Jin Nim's workshop center after the ANSU.

Lastly, we kindly ask everyone who receives SPECIAL ANSU to **write a brief reflection** for ansu team report. Even a simple sentence is appreciated!

Prayer After Ansu (suggested)

Dear Heavenly Parent, Victorious True Parents of Heaven, Earth, and Humankind,

I am grateful for your grace and the separation of Central Evil Spirits that True Parents have achieved and bestowed upon us as a gift through their victorious authority. Especially today, I was able to receive the ANSU from the ansu team that you have prepared.

I thank you for providing a way for the Central Evil Spirits and resentful spirits, separated through the SPECIAL ANSU to ascend to Heung Jin Nim's Training Center.

Please guide these spirits to release all their resentful feelings during their time at the Training Center in order to become good spirits who can carry out the work before Heaven.

Once these Central Evil Spirits complete their 100-Day training at Heung Jin Nim's Training Center and are blessed, I earnestly pray that they will become Absolutely Good Spirits.

I hope that all ties with our ancestors' evil connections will be cut off, and the spirits may become good spirits who can work for good within the realm of Heavenly Parent's and True Parents' heart. I sincerely ask for your assistance so that we can work together with our Absolute Good Ancestors in order to carry out good works.

I pray in the name of [my name], Blessed Central Family. Aju.



1 on 1 Ansu Application Form

Workshop Info

Date

Location

1. Info of Applicant who is receiving the ansu

Date of Birth

Blessing

Gender

Applicant Name

Spouse Name (if married)

Email

Phone Number

2. Purpose for Applying

3. Signature of Consent

Ansu Counselor

Comment

Name

Applicant's Signature

(Guardian's Signature if Applicant is under 18)

Signature

Signature Date

*Donation of Gratitude is much appreciated

Reflection/Testimony

Ancestor Liberation / Blessing
Registration Form

<3/29/2025, Clifton, NJ>

Special Grace	FOR OFFICE USE		Workshop #
	Cash	Bank Wire	
	Check		
Total			

① Personal Information

Country You Live	Date of Birth	Year	Month	Day	Blessing Group	Gender	M / F
FAMILY NAME		GIVEN NAME					
Email							
Spouse Name	Representative				spouse / child / no one attending		

② Cel #

--

③ Ancestor Liberation (Please ✓ in the boxes that you are applying for)

Liberation	1	8	15	22	29	36	43	50	57	64	71	78	85	92	99	106	113	120	127	134	141	148	155	162	169	176	183	190	197	204	Donation	
	7	14	21	28	35	42	49	56	63	70	77	84	91	98	105	112	119	126	133	140	147	154	161	168	175	182	189	196	203	210		
F																																
M																																
GMF																																
GMM																																
Liberation	Generations																✳ This applies for members who are applying for liberation of 211~430 generations ONLY . < Please check "ü" the boxes you would like to liberate >															
	211~430																															
F	~																															
M	~																															
GMF	~																															
GMM	~																															

④ Ancestor Blessing (Please ✓ in the boxes that you are applying for)

Blessing	1	8	15	22	29	36	43	50	57	64	71	78	85	92	99	106	113	120	127	134	141	148	155	162	169	176	183	190	197	204	Donation	
	7	14	21	28	35	42	49	56	63	70	77	84	91	98	105	112	119	126	133	140	147	154	161	168	175	182	189	196	203	210		
F																																
M																																
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Blessing	211	218	225	232	239	246	253	260	267	274	281	288	295	302	309	316	323	330	337	344	351	358	365	372	379	386	393	400	407	414	421	Donation
	217	224	231	238	245	252	259	266	273	280	287	294	301	308	315	322	329	336	343	350	357	364	371	378	385	392	399	406	413	420	430	
F																																
M																																
GMF																																
GMM																																

⑤ Others

Collateral Liberation	Country	Marital Status	Age	Name	Relationship	Donation
		Married / Single	Centra / I Evil / Spirit			
		Married / Single	Centra / I Evil / Spirit			
		Married / Single	Centra / I Evil / Spirit			
Self Liberation Reservation (Applicator must have liberated		1)			me / spouse / child / parent	
		2)			me / spouse / child / parent	
Persons who passed away after registering for liberation		1)				
Cleansing of Fetus		time	Donation			

Back Payment Form 3/29/2025 Clifton, NJ

Personal Information		
Country		
Name of Remitter	Family Name	
	Given Name	
Blessing Group		
Date of Birth		
Date		
Cel #		

FOR STAFF	
TIS	e-mail

Paying Today

Ancestor LIBERATION Back Payment Information

	Lineage(choose one)	Generations	Date/Place of Liberation	Already Paid	Paying Today
1	F / M / GMF / GMM				
2	F / M / GMF / GMM				
3	F / M / GMF / GMM				
4	F / M / GMF / GMM				
5	F / M / GMF / GMM				
6	F / M / GMF / GMM				
7	F / M / GMF / GMM				
8	F / M / GMF / GMM				
9	F / M / GMF / GMM				

Ancestor BLESSING Back Payment Information

	Lineage(choose one)	Generations	Date/Place of Blessing	Already Paid	Paying Today
1	F / M / GMF / GMM				
2	F / M / GMF / GMM				
3	F / M / GMF / GMM				
4	F / M / GMF / GMM				

COLLATERAL Back Payment Information

	Name	Relationship	Date/Place of Liberation	Already Paid	Paying Today
1					
2					

Collateral Liberation Registration Form 3/29/2025 Clifton, NJ

FOR OFFICE USE			Workshop #
Special Grace	Cash	Bank Wire	
	Check		
Workshop fee			
Total			

① Personal Information

Country You Live In		Date of Birth	Year	Month	Day	Blessing		Gender	
FAMILY NAME									
GIVEN NAME									
Spouse Name						Representative Name			
Email						Cel. #			

② Collateral Liberations

	Country	Status		Age	Name	Relationship	Donation
		Circle	ONE				
Collateral Liberation		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			

Self LIBERATION	Name	Relationship	Donation
	1)		
	2)		
	3)		

④ Persons Who Passed Away After Registering For Liberation

Persons who passed away after (parents and grandparents included)	Name	Relationship	Donation
	1)		
	2)		

⑤ Cleansing of Fetus

Cleansing of Fetus (You can clear spiritual traces of past miscarriages and abortions)	No of times	Donation

Additional Information

- ※ For Ancestor Liberation and Blessing, there is a separate form
- ※ Write names of collateral liberation **CLEARLY**



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First Name

Last Name

Community/Church*

Gender*

☐ Male

☒ Female

Total number of people*

(Choose One)


Number of children participating
[ages 13 and Below]

(Choose One)

Email*

Email Address

Phone Number*



Any food allergies*

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Won (Ancestor House)?*

☐ Yes

☐ No

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☐ Yes

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Total


\$0.00


Purchase Protection


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Billing Information

Email*

Email Address

Confirm Email*

Confirm Email Address

Name*

FirstLast

Credit Card*

Card Number

VISA

AMEX

DISCOVER

MonthYearCVV

Address*

United States of America

Street Address

CityStateZIP Code

Phone Number*

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Event Registration Software by RegFox

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I pray in the name of [my name], Blessed Central Family. Aju.



1 on 1 Ansu Application Form

Workshop Info

Date

Location

1. Info of Applicant who is receiving the ansu

Date of Birth

Blessing

Gender

Applicant Name

Spouse Name (if married)

Email

Phone Number

2. Purpose for Applying

3. Signature of Consent

Ansu Counselor

Comment

Name

Applicant's Signature

(Guardian's Signature if Applicant is under 18)

Signature

Signature Date

*Donation of Gratitude is much appreciated

Reflection/Testimony

Ancestor Liberation / Blessing
Registration Form

<3/29/2025, Clifton, NJ>

Special Grace	FOR OFFICE USE		Workshop #
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	Check		
Total			

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Email							
Spouse Name	Representative				spouse / child / no one attending		

② Cel #

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	211~430																															
F	~																															
M	~																															
GMF	~																															
GMM	~																															

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F																																
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F																																
M																																
GMF																																
GMM																																

⑤ Others

Collateral Liberation	Country	Marital Status	Age	Name	Relationship	Donation
		Married / Single	Centra / I Evil / Spirit			
		Married / Single	Centra / I Evil / Spirit			
		Married / Single	Centra / I Evil / Spirit			
Self Liberation Reservation (Applicator must have liberated		1)			me / spouse / child / parent	
		2)			me / spouse / child / parent	
Persons who passed away after registering for liberation		1)				
Cleansing of Fetus		time	Donation			

Back Payment Form 3/29/2025 Clifton, NJ

Personal Information		
Country		
Name of Remitter	Family Name	
	Given Name	
Blessing Group		
Date of Birth		
Date		
Cel #		

FOR STAFF	
TIS	e-mail

Paying Today

Ancestor LIBERATION Back Payment Information

	Lineage(choose one)	Generations	Date/Place of Liberation	Already Paid	Paying Today
1	F / M / GMF / GMM				
2	F / M / GMF / GMM				
3	F / M / GMF / GMM				
4	F / M / GMF / GMM				
5	F / M / GMF / GMM				
6	F / M / GMF / GMM				
7	F / M / GMF / GMM				
8	F / M / GMF / GMM				
9	F / M / GMF / GMM				

Ancestor BLESSING Back Payment Information

	Lineage(choose one)	Generations	Date/Place of Blessing	Already Paid	Paying Today
1	F / M / GMF / GMM				
2	F / M / GMF / GMM				
3	F / M / GMF / GMM				
4	F / M / GMF / GMM				

COLLATERAL Back Payment Information

	Name	Relationship	Date/Place of Liberation	Already Paid	Paying Today
1					
2					

Collateral Liberation Registration Form 3/29/2025 Clifton, NJ

FOR OFFICE USE			Workshop #
Special Grace	Cash	Bank Wire	
	Check		
Workshop fee			
Total			

① Personal Information

Country You Live In		Date of Birth	Year	Month	Day	Blessing		Gender	
FAMILY NAME									
GIVEN NAME									
Spouse Name						Representative Name			
Email						Cel. #			

② Collateral Liberations

	Country	Status		Age	Name	Relationship	Donation
		Circle	ONE				
Collateral Liberation		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			
		Married	Single	Central Evil Sprit			

Self LIBERATION	Name	Relationship	Donation
	1)		
	2)		
	3)		

④ Persons Who Passed Away After Registering For Liberation

Persons who passed away after (parents and grandparents included)	Name	Relationship	Donation
	1)		
	2)		

⑤ Cleansing of Fetus

Cleansing of Fetus (You can clear spiritual traces of past miscarriages and abortions)	No of times	Donation

Additional Information

- ※ For Ancestor Liberation and Blessing, there is a separate form
- ※ Write names of collateral liberation **CLEARLY**