

House/Office Blessing Form

Please Take Note:

1. If possible, kindly confirm the date and time with the pastor/sectional leader.
2. House/Office Blessing will only be conducted ONCE preferably after renovation.
3. All occupants of the house are required to be present during the blessing.
4. Submit this form at least 2 weeks before the proposed date and time.

Proposed Date: _____ Proposed Time: _____

Requesting for Pastor/Sectional Leader: _____

Name of Applicant: _____ IC No.: _____

District/Ministry: _____ Carecell: _____ Church Member: Yes/No

Tel: _____ (H) _____ (O) _____ (HP)

New Address: _____

Old Address: _____

Spouse's Name: _____ IC No: _____

District/Ministry: _____ Carecell: _____ Church Member: Yes/No

Tel: _____ (O) _____ (HP)

Other Occupants:

Names	Relationship

I would like to open my home/office for carecell by: _____ (dd/mm/yyyy)

For official use only:

Date received: _____ Served By: _____

Assign to Pastor: _____ Confirmed Date: _____ Confirmed Time: _____

Remarks: _____

Updated System on: _____ Updated by: _____