HOUSE BLESSING REQUEST

Date of Request: _____

Name: _____

☐ Mr. ☐ Mrs. ☐ Ms.

Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status:

Married ☐ Single ☐ Head of Household ☐

If married, has spouse given consent to this House Blessing? Yes ☐ No ☐

Are you living with someone? Yes ☐ No ☐

Are you an NSBC Member? Yes ☐ No ☐

Date and Time of House Blessing: 1st Choice _____

2nd Choice _____

Elder/Minister Requested (if applicable): _____

Do you have any extenuating circumstances we need to know about?

_____

_____

_____

Comment:

_____

_____

_____