Please print

APPLICATION FOR
KIESHIKI SARANA AFFIRMATION CEREMONY

BCA temple/church affiliation: _____

Ceremony date/time: _____

Name_____
Last Name First Name Middle Name

Address_____
Street City State Zip code

E-mail address:_____

Age:_____ Date of Birth_____ Telephone:_____

HOMYO BUDDHIST NAME SELECTION
Participant: please select a favorite *word/kanji from the list of choices provided

Word/kanji character selected: _____
Provide page number and word (romanized or Japanese)

* * * * * * * * * *

Final Homyo Selection: Bishop Harada will complete/select your homyo according to your word/kanji selection above.

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PLEASE RETURN THIS FORM TO YOUR RESIDENT MINISTER AT LEAST ONE MONTH PRIOR TO THE CEREMONY.

The requested donation to BCA for Kieshiki Affirmation: $50 per person (all ages).

Please make your check payable to your local church/temple.