



SGINZ Personal Omamori Gohonzon Application Form

To Soka Gakkai International of New Zealand

I request to receive a personal Omamori Gohonzon for the following reason/s:

- . if because of travel, please state how often you travel and for how long
- . if instead of a regular size Gohonzon, please indicate why you prefer to receive an Omamori Gohonzon
- . if for other reasons, please be as specific as possible

In appreciation for receiving my Omamori Gohonzon, I would like to make financial donation (of my choosing).

Name: _____ District : _____

Division: YM YW Date : _____
 Women Men

Address: _____

Recommended by district leader: _____

Recommended by Area leader: _____

Approved by Region leader: _____

Office use only (After informing GC/HQ)

Date of decision: _____