



# 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).

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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: \_\_\_\_\_