



# APPLICATION TO RECEIVE THE GOHONZON

Please type or print clearly - Thank you!

I hereby apply to receive the regular (Okatagi) Gohonzon. I am

- A new member of SGI-USA.
- Establishing a separate residence.
- Replacing a lost or damaged Gohonzon.
- Exchanging the Gohonzon.

Type of Gohonzon Exchanged: \_\_\_\_\_

Complete this section only when requested:

I hereby apply to receive:  Portable (Omamori) Gohonzon.  Large (Special Okatagi) Gohonzon.

## APPLICANT'S INFORMATION

Please print information below:

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Applicant's Telephone

\_\_\_\_\_  
Sponsor's Name

\_\_\_\_\_  
Sponsor's Telephone

Division (Please circle one):      Men's              Women's              Young Men's              Young Women's

Family members also joining today but not receiving their own Gohonzon:

Please circle one:

\_\_\_\_\_  
Name              MD    WD    YMD    YWD              Relationship

\_\_\_\_\_  
Name              MD    WD    YMD    YWD              Relationship

\_\_\_\_\_  
Name              MD    WD    YMD    YWD              Relationship

## ORGANIZATIONAL INFORMATION

\_\_\_\_\_  
District Name

\_\_\_\_\_  
District Leader's Signature - needed for new Gohonzon

\_\_\_\_\_  
Chapter Name

\_\_\_\_\_  
Chapter Leader's Signature - needed for new Gohonzon

\_\_\_\_\_  
Region / Zone Name

\_\_\_\_\_  
Area Name

\_\_\_\_\_  
Area or Region Leader's Signature - needed for Portable/Large or Gohonzon Exchange

## CONTRIBUTION RECEIPT

SGI-USA has received a contribution from \_\_\_\_\_ (Name)

in the amount of \$ \_\_\_\_\_ .

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Received by)

SGI-USA is non-profit religious organization. All contribution are tax deductible.