## HOUSE BLESSING APPLICATION FORM

Name of Applicant:	
Address :	
Contact Number :	
OCCUPANTS IN THE HOUSE	
<u>Name</u>	Relationship to Applicant
i	
ii	
iv.	
V	
vi	
vii	
Signature of Applicant	
	Date:
For Office Use Only Date of Blessings:	
Blessed by Fr :	
Approved by :	