

Comprehensive Birth Chart Worksheet

Required Information for the "Application for Another Person"

Before you begin the online application, print this worksheet and gather the information for all mandatory fields. The online application must be completed in one sitting. You cannot save information and come back to finish it later.

Lines followed by an asterisk (*) are mandatory fields.

1. Your contact information.

Title * Dr. Mr. Mrs. Ms.

Your first name * _____

Your last or family name * _____

Country of residence * _____

Your birth date * Day: _____ Month: _____ Year: _____

Email address * _____

Telephone number * _____

Alternate telephone _____

Best times to be reached _____

Any other remarks? _____

2. Applicant's personal information.

Title * Dr. Mr. Mrs. Ms.

Applicant's first name * _____

Applicant's last or family name * _____

Country of residence * _____

Gender * Male Female

Marital status * Single Married Separated Divorced Widowed

Profession * _____

3. Applicant's birth location.

Country * _____

State or province * _____

County (for USA) _____

City * _____

If the Applicant was born in a town with less than 10,000 population, indicate below the nearest town with more than 10,000 residents, and the distance and direction in miles or kilometers from that town to the Applicant's birthplace.

For example: 18 miles northeast of Lexington, Kentucky, USA.

Nearest town information _____

Any other comments _____

4. Applicant's birth date and time.

Birth date * Day: _____ Month: _____ Year: _____

Time: Hour * _____

Time: Minutes * _____

Time: Seconds * _____

Daylight Saving Time? * Yes No Unsure

Birth time source:

- Birth certificate
- Hospital or government record
- Family records
- Parent
- Other source
- Birth time rectification
- Unknown

Accuracy of the source:

- Unknown
- Confirmed to +/- 1 second
- Confirmed to +/- 1 minute
- Confirmed to +/- 5 minutes
- Confirmed to +/- 15 minutes
- Confirmed to +/- 30 minutes
- Confirmed to +/- 1 hour
- Confirmed to +/- 4 hours
- Confirmed to morning, day, or night
- Reconstructed birth time

Any other comments _____

5. Applicant's participation in the Transcendental Meditation® (TM®) program. *

Not yet practicing TM

TM-Sidhi program

TM meditator

Teacher of TM

Remarks, if any _____

6. Third Party Consent

Have you obtained consent from the Applicant to submit his or her information for the purpose of processing this request for Maharishi Jyotish services?

Yes No

If "No," you will need obtain consent before filling out the online application.

Review your worksheet for accuracy and then apply online.