

# INTERNATIONAL PEACEMAKER INFORMATION FORM

Name: Monique \_\_\_\_\_ Misenga Mukuna  
First Middle Last (Family)

Primary Mailing Address: \_\_\_\_\_ Secondary Mailing Address: \_\_\_\_\_  
P.O.BOX 16722 \_\_\_\_\_ P.O.BOX.91 \_\_\_\_\_  
KINSHASA.1 \_\_\_\_\_ KINSHASA/ LIMETE  
D.R.CONGO \_\_\_\_\_ D.R.CONGO\_ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: 011-243-89-802-6506  
Cell Phone: 011-243-81-605-2510 Fax:  
Email: [misenga2002@yahoo.fr](mailto:misenga2002@yahoo.fr)

Website address of your home church, denomination, or sponsoring organization:  
\_\_\_\_\_

In case of an emergency, please contact:  MUKUNA TSHILOBO  
Telephone:  011-243-81-605-2510 Relationship: My husband

*The following information is needed so that we can promptly arrange for the payment of your honorarium, as well as secure health insurance (if needed) and inform hosts of special needs:*

Do you have any health problems (diabetes, asthma, allergies, etc.)?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any special dietary requirements (vegetarian, etc.)?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you smoke?  Yes  No Do you drink alcohol?  Yes  No

Please list any other cultural or religious practices or personal needs that you wish your hosts to be aware of:

\_\_\_\_\_ PRAYER \_\_\_\_\_  
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