

Report to : Florida Mission Center Recorder:

**Debbie Bartlett
PO Box 196262
Winter Springs, FL
32719-6262**

PLEASE
RECORD
THE

- | | | | |
|----------------------------------------------|-----------------------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Blessing | <input type="checkbox"/> Baptism-Confirmation | <input type="checkbox"/> Marriage | <input type="checkbox"/> Death |
| <input checked="" type="checkbox"/> Adoption | <input type="checkbox"/> Legal Name Change | <input type="checkbox"/> Divorce | <input type="checkbox"/> Address Update |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Ordination | <input type="checkbox"/> Annulment | |



Of _____ Reg. No. _____
(LEGAL NAME) (Last) (First) (Middle)

Birth Date: _____ Birth Place: _____ Male Female
(Mo. - Date - Year)

Single Divorced Married Widowed Spouse Name _____ Reg. No. _____

Current Address _____ Phone Number _____

Baptism, Marriage, Divorce, Annulment, Name Change, or Death	Blessing, Confirmation, Adoption, or Ordination
Date: _____	Date: _____
Place: _____	Place: _____
Officiated By: _____	By: _____
New Legal Name: _____	By: _____

PLACE OF ENROLLMENT or TRANSFER	ORDINATION
Transfer to or Enroll In: _____ (Congregation Name and Number)	The person shown at the top of this report was ordained to the priesthood office of:
Transfer From or Now Enrolled In: _____ (Congregation Name and Number)	

ADDITIONAL DATA FOR ADOPTION, BAPTISM OR BLESSING REPORT	
FATHER: <input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Foster <input type="checkbox"/> Step	Community of Christ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name: _____	
Birthdate: _____ Birthplace: _____	Bap. Reg. # _____
MOTHER: <input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Foster <input type="checkbox"/> Step	Community of Christ Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name: _____	Maiden Name: _____
Birthdate: _____ Birthplace: _____	Bap. Reg. # _____

ADDITIONAL DATA FOR BAPTISM REPORT	
Was candidate blessed when a child by Community of Christ Elders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If married: Was marriage officiated by Community of Christ minister?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marriage Date _____	Marriage Place _____

Notes & Comments _____

Name of Person Reporting _____ Date _____
Address: _____ Cong. No. _____
City St Zip: _____
Congregation: _____ M.C. Recorder Date: _____