

**Report to : Florida Mission Center Recorder:**

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



PLEASE RECORD THE  Blessing  Adoption  Transfer  Baptism-Confirmation  Legal Name Change  Ordination  Marriage  Divorce  Annulment  Death  Address Update

Of \_\_\_\_\_ (LEGAL NAME) (Last) (First) (Middle) \_\_\_\_\_ Reg. No. \_\_\_\_\_

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

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:  Natural  Adopted  Foster  Step Community of Christ Member?  Yes  No

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Bap. Reg. # \_\_\_\_\_

MOTHER:  Natural  Adopted  Foster  Step Community of Christ Member?  Yes  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?  Yes  No

If married: Was marriage officiated by Community of Christ minister?  Yes  No

Marriage Date \_\_\_\_\_ Marriage Place \_\_\_\_\_

Notes & Comments \_\_\_\_\_

Name of Person Reporting \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Cong. No. \_\_\_\_\_

City St Zip: \_\_\_\_\_

Congregation: \_\_\_\_\_ M.C. Recorder Date: \_\_\_\_\_