

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 _____ 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: 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: _____