

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

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

- PLEASE RECORD THE
- |                                   |  |                                    |   |
|-----------------------------------|--|------------------------------------|---|
| <input type="checkbox"/> Blessing | <input checked="" type="checkbox"/> Baptism-Confirmation | <input type="checkbox"/> Marriage  | <input type="checkbox"/> Death          |
| <input 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:  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: \_\_\_\_\_