

Report to the Eastern Great Lakes Mission Center Recorder

Eastern Great Lakes Mission Center
9017 Chillicothe Rd., Kirtland, OH 44094

PLEASE RECORD THE Blessing Baptism-Confirmation Marriage Death
 Adoption Legal Name Change Divorce Address Update
 Transfer Ordination 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	
Transfer to or Enroll In: _____ (Congregation Name and Number)	ORDINATION 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. _____

For MC Use Only
 S ___ D ___ N ___