Name:_____ Evangelist # _____ Baptismal # _____
Address: _____ Phone: _____
Email:_____ Year Ordained: _____

Blessing Report for the Year _____

Community of Christ
1001 W. Walnut, Independence, MO 64050-3562 USA

Persons, Families and Congregations with whom I have shared in the Sacrament of Evangelist's Blessing.

This is a confidential report form
Send one copy to the office of the Presiding Evangelist
Keep one copy for your secure files
Return report only if you have given blessings

*Code (1) First Personal Life Blessing
(2) Continuing Life Blessing
(3) Family Life Blessing
(4) Congregational Life Blessing

Evangelist Blessing #	First, Middle & Last Name (Include Maiden Name)	Baptismal Number	Sex M/F	Birth Date	Location the Blessing is Given	Date Blessing Given	Member Yes/No	Recorded Yes/No	*Code Number

Copies of this report may be made if additional space is needed