

Remnant Church of Jesus Christ of Latter Day Saints
700 W. Lexington, Independence. MO 64050 - 816-461-7215

Form 101

STANDARD FORM FOR REPORTING MEMBERSHIP AND ORDINANCE DATA

(Use Form 102 for affiliation of persons already baptized)

*Required Information

*Please print or type all information.


Number in () refers to instruction sheet #s

(1) *Name			<input type="checkbox"/> Male *	<input type="checkbox"/> Female*
(Legal Name - Last) (First) (Middle)			<input type="checkbox"/> Single*	<input type="checkbox"/> Married*
Address			<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed*
(Street and Number)			Phone Information	
(City) (State/Prov) (Zip)			*Home #	
			Cell #	
			E-Mail	

(2) Change of Home Address:
(3) Change of Telephone Number:

ORDINANCE INFORMATION

Please fill in all *required and applicable information for ordinance performed

(1)	*Date of Birth	*City of Birth	*State of Birth
<input type="checkbox"/> *Birth		Date Final	
<input type="checkbox"/> *Adopt.			

	Date	Officiant/PH Office	Assisting/PH Office	Location/Branch
<input type="checkbox"/> Blessing (2)				
<input type="checkbox"/> Baptism (3)				
<input type="checkbox"/> Confirmation (4)				
<input type="checkbox"/> Ordination (5)				
(5)Current Priesthood :		(5) New Priesthood:		

<input type="checkbox"/> Marriage (6)	Date	Place	Officiant
Spouse Name (6)		<input type="checkbox"/> Member	<input type="checkbox"/> Non-Member
Witness: (6)		Witness: (6)	
<input type="checkbox"/> Divorce (7)	Date	Place	
<input type="checkbox"/> Annul (7)			
<input type="checkbox"/> Death (8)			
<input type="checkbox"/> Transfer (9)	Date:	From/Out:	To/In:

(Over)

Revised 10/09

PLEASE COMPLETE VITAL STATISTICS INFORMATION BELOW

Fill in all ***required** and **applicable** information
 Completion needed for **Adoptions, Blessings, Baptisms** and **Confirmation** Reports

***Please Type or Print**

*Father's full name	
*Date of Birth	*Place of Birth
*Mother's full maiden name	
*Date of Birth	*Place of Birth
*Date/Place of parents' marriage	
(The above is very important for establishing legal verification, should occasion require)	
Additional information/comments:	

<u>Headquarters Use Only</u>
Membership #
Initials
<u>*Recorder Signature</u>
(2)
*Name
*Branch
*Date
<u>*Reporting Minister Signature</u>
(3)
*Name
*Branch
*Date

<u>Headquarters Use Only</u>
Stamps

INSTRUCTIONS FOR FORM 101

Please Print or Type All Information

*** FORM 102 IS TO BE USED FOR AFFILIATION REQUESTS

First Section

- 1 - Required Information - * Name and address information. *Gender & Marital Status - *Home Phone
 - 2 - If there has been a change from original home address on record, please fill in on this line
 - 3 - If there has been a change from original telephone # on record, please fill in on this line
-

Ordinance Information

- 1 - Required Information - *Birth or Adoption - Date/City and State of Birth + Date of Adoption
 - 2 - Blessing - Date Performed - Officiants and Priesthood Offices - Location/Branch where performed
 - 3 - Baptism - Date Performed - Officiants and Priesthood Offices - Location/Branch where performed
 - 4 - Confirmation Information - Same " " " " "
 - 5 - Ordination-Date Performed - Officiants & Priesthood Offices - Location/Branch where performed
Current Priesthood (if applicable) - New Priesthood
 - 6 - Marriage - Date - Place -Officiant - New Spouse Name-Full Maiden Name
Spouse Member/Non-Member - Witnesses
 - 7 - Divorce/Annulment - Date of Action - Place of Action
 - 8 - Death - Date of Death - Place of Death
 - 9 - Transfer - Congregation & Date (Mo/Yr) Transferring From - Congregation & Date (Mo/Yr) Transferring To
-

Vital Statistics

Complete for all Adoptions, Blessings, Baptisms and Confirmations

*Required - Father's Full Name - Date of Birth - Place of Birth

*Required - Mother's Full Name to include maiden name - Date of Birth - Place of Birth

*Required - Date and Place of parent's marriage

Additional comments can be written if needed

Signature Boxes

1 - Headquarters Usage Only

2 - *Required - Branch Recorder Signature - Branch Name - Date **all forms should be routed to the branch recorder for signature before submitting

3 - *Required - Reporting Minister or Branch President signature- Branch Name - Date
