Colby Memorial Temple

Healing Statement

This form may be completed by those who have received healing through the intervention of a Spiritualist Healer. The Healing may reference a single visit to the Healer's chair, or to a condition needing several visits.

Name of Spiritual Healer: Steve Adkins

Name of person receiving healing: DONNA [redacted]
(Print)

Address: [redacted] FERNPARK FL 32730

Phone number: [redacted] Date(s) of spiritual healing: Oct - Nov [redacted]

Health Condition: (Must relate to a specific condition.) very intense pain in right shoulder going down right arm and stiff neck (could not turn)

Results: (How was the condition cured or relieved.) I was amazed at my recovery - from the first day after my healing I could turn my neck without pain or stiffness. My shoulder quite hurting and my arm become better.

Comments: Steve was very professional, he made me so relaxed and a overall wonderful feeling after + during his healing. I went back for a follow up a week later (over)

Signature Date June 30, [redacted]

Donna [redacted]

Recei[redacted] Date

[redacted]

Not because I thought I needed it,
but Steve suggested a follow through.