

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: Rev. Steve ADKINS

Name of person receiving healing: Rhonda
(Print)

Address: 32725

Phone number: Date(s) of spiritual healing: OVER A MONTH or so

Health Condition: (Must relate to a specific condition.) Headaches - Migraine Ago

Results: (How was the condition cured or relieved.) I have had many headaches during service. But that Sunday I didn't have a headache. When Steve went into my vibration the feelings and energy was

Comments: so powerful that I got a headache for a minute or 2. Then it went away. I wish I could put in words better the
Rhonda

Date 2/16/

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feelings that I had with this. Since then I have not had a severe or migraines headache