

PUBLIC HEALING

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: GEORGE F. [REDACTED]

Address: [REDACTED] CASSADAGA, FL 32706

Phone number: [REDACTED] Date(s) of spiritual healing: JUNE 15TH / TEMPLE SERVICE

Health Condition: (Must relate to a specific condition.) - In January of 1995, I had a huge aneurism surgically removed from my Aorta. Since then I have experienced pain in my abdominal and chest areas. My surgeon's "doctor" reached no conclusion as to the cause. I now reject them.

Results: (How was the condition cured or relieved.) This was my first healing session with Steve - During this healing I felt a tremendous flow of energy that caused me to quiver. My chest pain disappeared and left me for a week. I felt like I was fifteen years old again.

Comments: I am experiencing the pain again, but of less intensity. I believe that two more healing sessions with Steve will solve this problem!

My abdominal pain had been relieved by Nick [REDACTED] earlier.

Signature: George [REDACTED] Date: June 26th [REDACTED]

Received by

Date