

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: IRMA [REDACTED]

(Print)
Address: PO BX 444 LAKE HELEN, FL. 32744

Phone number: 228-3215 Date(s) of spiritual healing: SEPT 1996

Health Condition: (Must relate to a specific condition.) RIGHT SHOULDER &

UPPER RT. ARM. DIAGNOSED AS TENDONITIS.

HAD DAILY PROBLEM WITH PAIN FOR OVER

A YEAR. DURING THAT TIME I RESORTED TO

IBUPROFEN (AGAINST MY TRUE CHOICE) FOR SOME

MEASURE OF RELIEF.

Results: (How was the condition cured or relieved.) AFTER ONE HEALING VISIT WITH STEVE

ADKINS PAIN IN SHOULDER AND ARM

COMPLETELY SUBSIDED AND HAS NOT

REOCCURED.

Comments: I RECEIVED SOME OTHER HEALING AID

PRIOR TO THE ABOVE STATED DATE. HOWEVER,

IT WAS NOT UNTIL I ASKED STEVE ADKINS FOR

HELP THAT I REALIZED A LASTING RESULT.

Irma [REDACTED] Date JUNE 13, [REDACTED]

Signature

Date

Received by