

Community of Christ

Oblation Aid Report

STATISTICAL INFORMATION

LAST	FIRST	M.I.	BAPTISMAL REGISTER #
NAME: _____			DATE: _____
SPOUSE: _____			
ADDITIONAL NUMBER OF DEPENDENTS _____ # (List names / ages / relationships):			

ADDRESS: _____ PHONE (_____) _____			

HOME CONGREGATION: _____ STAKE / DISTRICT / MISSION CENTER: _____			

CASE REPORT

CAUSE OF NEED: _____

FUNDS USED FOR:

SHELTER: _____	AMOUNT: \$ _____
FOOD: _____	AMOUNT: \$ _____
CLOTHING: _____	AMOUNT: \$ _____
MEDICAL: _____	AMOUNT: \$ _____
TRANSPORTATION: _____	AMOUNT: \$ _____

TOTAL AMOUNT
OF AID GIVEN
THIS REPORT

\$ _____

HAS PERSON (FAMILY) RECEIVED AID IN THE PAST? YES NO
(IF IN DOUBT CALL STEWARDSHIP MINISTRIES: 1-800-825-2806 EXT. 2497)

IF YES, DESCRIBE BRIEFLY: _____

COMMENTS

TRANSIENT INFORMATION (Complete only if person is transient)

DESTINATION: _____ REASON FOR TRIP: _____

IMPORTANT INSTRUCTIONS

1. Secure all information for this report before extending aid.
2. Make sure that the amount of aid you are approving is within your authorized limit.
3. Check with Supervising Bishop (or Stewardship Ministries Office) for aid history before extending aid.
4. Sign report.
5. Remove appropriate copy for file, then forward remaining copies.
6. **Attach original to a Request for Oblation Aid Reimbursement (OB-102)**

REPORTED BY: _____
(Bishop / Financial Officer)

JURISDICTION: _____
(Region / Mission Ctr. / Stake / District / Congregation)