

STAKE RECOMMENDATION FORM

Please complete all information and return promptly to Stake Clerk

NAME:	Spouse:	Submitted By:
ADDRESS:	Phone:	Ward:
Position Considered:	Date Cleared by Bishop:	
Bishop's Remarks:		
Interview Approval:	Stake Presidency:	High Council:
To be Released		
Interview Date:	Time:	Notified By:
Interviewed By:	Accepted:	Declined:
Notified of Action:	Bishop:	High Counselor:
		Recorded:
Date Sustained:	Date Set Apart:	By:

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