

The Greater Boston Church of Spiritualism

32 Church Street

Watertown, Ma 02472-3836

HEALING AFFIDAVIT

This form may be completed by those who have received healing through a spiritual healer. The healing be mental, physical, emotional or spiritual. This may refer to a single visit to the healer's chair, several visits, or absentee healing. **Thank you.**

Name of Spiritual Healer: _____

Name of Person receiving the Healing: _____

Address: _____

Date (s) of Healing: _____

Specific Health Condition: _____

Any Feelings or Sensations received during the Healing: _____

Result (s) of Healing: _____

Signature

Date

**I give permission for this information to be published or used for the purpose of proving that
Spiritual Healing is a fact _____ I prefer you do not use my name _____
(please initial where applicable)**

Witness: _____
Signature

Date