

**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**