

HEALING AFFIDAVIT

The National Spiritual Alliance of the U.S.A. Inc.

What is the purpose of this affidavit? Those studying to become Certified Spiritualist Healers need a number of affidavits from persons to whom they have brought healing benefit. Your voluntary completion of this form can help your healer obtain the certification. More information below.

Name of Spiritual Healer: _____

Church Name: _____

Person Receiving Healing: _____

Address: _____

City, State, Zip: _____

Date of Spiritual Healing: _____

HEALTH CONDITION

Please state briefly the condition which brought you to seek Spiritual Healing.

RESULTS OF HEALING

Please explain how the condition was relieved.

SIGNATURE

DATE SIGNED

Thank you for participating. Please return this form to your healer or appropriate TNSA or church representative as soon as possible.

Your healing may reference a single visit to the healing chair or to a condition needing several visits.

The Healing Affidavit is the only record of your healing maintained by TNSA. You may request a copy for your personal records. The affidavit will remain at the TNSA offices and will not be disclosed to anyone other than those charged by TNSA to verify your healing for the sole purpose of determining the qualifications of the individual applying for certification as a TNSA Spiritual Healer. You may obtain further information about healing affidavits and about TNSA's policies and practices regarding healing by contacting The National Spiritual Alliance, 2 Montague Ave., P.O. Box 88, Lake Pleasant, MA 01347 or at www.spiritualallianceusa.org