

HEALING AFFIDAVIT



National Spiritualist Association of Churches

What is the purpose of this affidavit? Those studying to become Commissioned Spiritualist Healers, as part of their examination to become certified, need a number of affidavits from persons to whom they have brought healing. 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 physical condition which brought you to seek Spiritual Healing.

RESULTS OF HEALING

Please explain how the physical condition was cured or relieved.

SIGNATURE *(sign in presence of witness)*

DATE SIGNED

Thank you for participating. Please return this form to your healer or a witness as soon as possible following the healing.

WITNESSES By signing this affidavit, you certify that you have personally witnessed the Healing provided by the healer named above, and that it was in accord with NSAC standards. Witnesses may be any two of the following: Minister, Certified Medium, Board Member, or NSAC Missionary.

WITNESS 1

WITNESS 2

MORE INFORMATION

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 NSAC. You may request a copy for your personal records. The affidavit will remain at the NSAC offices and will not be disclosed to anyone other than those charged by NSAC to verify your healing for the sole purpose of determining the qualifications of the individual applying for NSAC commission as a Spiritualist Healer. You may obtain further information about healing affidavits and about NSAC's policies and practices regarding healing by contacting the National Spiritualist Association of Churches, 13 Cottage Row, PO Box 217, Lily Dale, NY 14752 or www.nsac.org.