



# Manifest Affidavit Form

Please fill out the following information to submit your affidavit.

## Full Name

First Name

Last Name

## Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Phone Number

Please enter a valid phone number.

## Email

example@example.com

## Date of Manifest

Month   Day   Year

**Intent/Conjure Outcome Sought \*briefly describe the condition which brought you to seek conjure**

**Results of Conjure \*briefly describe what was accomplished**

**Any additional comments:**

**Who was your caster:**

Michelle  
Delaney  
Madison  
Amanda