



Divination 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 Divination

Month Day Year

Divination Outcome Sought *briefly describe the condition which brought you to seek divination, please include divination method chosen.

Results of Divination *briefly describe what was accomplished

Was a communicating spirit identified?

Yes

No

Was the spirit entity known to you?

Yes

No

Was a pertinent message received?

Yes

No

Check one or more of the following types of evidence in the message concerning the communicating spirit's identity establishment:

Name

Description

Method of passing

Where lived

Character

Shared memories

Relationship

Personality

Knowledge of recent events

Age

Health condition

Any additional comments:

Who was your divinator:

Michelle
Delaney
Madison
Amanda