HEALING AFFIDAVIT



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 phy	sical condition which brought you to seek Spiritual Healing.	
RESULTS OF HEALING Please explain how the phy	vsical condition was cured or relieved.	

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

DATE SIGNED

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: Pastor or

Pastoral Committee Member, Board Member, NSAC Missionary, or those holding this credential or higher.			
WITNESS 1 (signature and title)	WITNESS 2 (signature and title)		

MORE INFORMATION

SIGNATURE (sign in presence of witness)

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.