

National Spiritualist Association of Churches
Healing Affidavit

Completion of this form is consensual and may be completed by those who have received a healing through intervention of a Student Spiritualist Healer. The Healing may reference a single visit to the student healer's chair, or to a condition needing several visits. The Healing Affidavit is the only record of your healing maintained by the NSAC. You are entitled to retain a copy of the Affidavit for your personal records. This 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 an individual applying for NSAC credentials as a Spiritualist Healer. You may obtain further information about Healing Affidavits, and about NSAC's policies and practices regarding it by contacting **National Spiritualist Association of Churches, PO Box 217, Lily Dale, NY 14752-0217**

Name of Spiritual Healer: _____

Name of Church: _____

Name of person receiving healing: _____

Address: _____

Date (s) of spiritual healing: _____

Health condition: (Must relate to a specific physical condition.)

Results: (How was the physical condition cured or relieved.)

Signature

Date

The signature of the person receiving healing must be notarized, or in the alternative, must be witnessed by two individuals who are either Church Board members, Ordained Ministers, Licentiate Minister's or Commissioned Spiritualist Healers in the church where the healing occurred.

Signature

Date

Signature

Date