

National Spiritualist Association of Churches  
**PHYSICAL PHENOMENA AFFIDAVIT**

This form may be completed by those who have observed evidential Physical Phenomena from a Student Medium during a NSAC Spiritualist Church Service and completion of this form is consensual. This Physical Phenomena Affidavit is the only record of your report 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 findings for the sole purpose of determining the qualifications of an individual applying for NSAC credentials as a NSAC Physical Phenomena Medium. You may obtain further information about Physical Phenomena 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 Medium: \_\_\_\_\_

Church Affiliation/City/State: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time of day: \_\_\_\_\_ Duration: \_\_\_\_\_

Describe location of occurrence: \_\_\_\_\_

Describe the conditions present at the location: \_\_\_\_\_

What precautions were taken to insure test conditions? \_\_\_\_\_

\_\_\_\_\_

What phase of Mediumship was demonstrated? Explain fully. \_\_\_\_\_

—  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach to this report any other documentation whether letters, photographs, recordings, etc., to validate the phenomena experienced. List items included:

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Is a communicating spirit identified? \_\_\_\_\_ Is this spirit entity known to anyone present? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the identity of the communicating spirit established beyond a reasonable doubt? \_\_\_\_\_

Check one or more of the following types of evidence received in the message concerning the communicating spirit:

\_\_\_\_ Name      \_\_\_\_ Where lived      \_\_\_\_ Relationship      \_\_\_\_ Age  
\_\_\_\_ Description      \_\_\_\_ Character      \_\_\_\_ Personality      \_\_\_\_ Health Condition  
\_\_\_\_ Method of Passing      \_\_\_\_ Shared Memories      \_\_\_\_ Knowledge of recent events      \_\_\_\_ Other

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We the undersigned do affirm that to the best of our knowledge that the information on pages 1 and 2 of this report accurately represents what occurred on the date and the place indicated. **At least three witnesses must sign.**

1. \_\_\_\_\_

____	Printed Name	Signature	Date
____	Address	City	State      Zip
____	Phone	Fax	E-Mail

2. \_\_\_\_\_

____	Printed Name	Signature	Date
____	Address	City	State      Zip
____	Phone	Fax	E-Mail

3. \_\_\_\_\_

____	Printed Name	Signature	Date
____	Address	City	State      Zip
____	Phone	Fax	E-Mail

4. \_\_\_\_\_

____	Printed Name	Signature	Date
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Address

City

State

Zip

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Phone

Fax

E-Mail

5. \_\_\_\_\_

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Printed Name

Signature

Date

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Address

City

State

Zip

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Phone

Fax

E-Mail