



TRADITIONAL HEALER FORM

TRADITIONAL HEALER NAME:

ADDRESS:

PHONE NUMBER:

DATE(S) OF CEREMONY:

TOTAL COST:

I CERTIFY THAT I HAVE PERFORMED THIS CEREMONY AND HAVE RECEIVED THE ABOVE FEE:

RECEIVED FROM:

SIGNATURE: DATE:

PERSON RECEIVING CEREMONY

NAME: DOB:

NAME OF VICTIM:

RELATIONSHIP TO VICTIM:

CEREMONY PERFORMED

DIAGNOSIS: PROTECTION/PREVENTION: BLESSING:

OTHER (Indicate Ceremony Type):

DATE CEREMONY WAS PERFORMED:

PERSON WHO PAID FOR THE CEREMONY

NAME:

MAILING ADDRESS:

PHONE NUMBER:

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

SIGNATURE: DATE: