



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: