

NEW MEXICO CRIME VICTIMS REPARATION COMMISSION 6200 UPTOWN BLVD NE SUITE 210 • ALBUQUERQUE, NM 87110 Phone (505) 841-9432 • Toll Free (800) 306-6262 • Fax (505) 841-9437

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TRADITIONAL HEALER FORM					
TRADITIONAL HEALER NA	ME:				
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:	<u>-</u>			DATE:	
l					
PERSON RECEIVING CEREMONY					
NAME:			DOB:		
NAME OF VICTIM:					
RELATIONSHIP TO VICTIM:					
CEREMONY PERFORMED					
DIAGNOSIS:	PROTECTION/PREVENTIO	٧:		BLESSING:	
OTHER(Indicate Ceremony	Type:)				
DATE CEREMONY WAS PE	RFORMED:				
PERSON WHO PAID FOR THE CEREMONY					
NAME:					
MAILING ADDRESS:					
PHONE NUMBER:					
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:					
SIGNATURE:				DATE:	