

I hereby certify _____ served me as a channel for healing.

Date of healing _____

A brief statement describing your healing experience:

Print your name: _____ Date _____

Signature: _____

Email: _____

Dear Patron,

A Spiritualist Healer is one who, either through their own inherent power or through their mediumship, is able to impart vital, curative force to pathologic conditions.

Your Healing student is working toward Spiritual Healing Certification. As part of their requirements they must provide verification of their healing ability.

A Spiritual Healing is defined as a physical, mental or emotional condition removed or relieved.

On completion of this affidavit you are affirming this student's healing ability,

God Bless and Thank You for Your assistance.

Please return this affidavit to the address listed below:

Email: Education@campchesterfield.net (preferred method)

Alternate mailing address: Camp Chesterfield,

Attention Education Dept.

50 Lincoln Dr.

Chesterfield, Indiana 46017