

**PHYSICAL PHENOMENA MEDIUMSHIP AFFIDAVIT**



**National Spiritualist Association of Churches**

What is the purpose of this affidavit? Those studying to become certified as a Spiritualist Medium in the area of Physical Phenomena, as part of their examination, need a number of affidavits from persons for whom they have demonstrated evidential physical phenomena. Your voluntary completion of this form can help the Medium obtain certification. See bottom of page 2 for more information.

*Name of Medium*

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*Auxiliary where demonstration occurred*

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*Address*

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*City, state, zip*

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*Date and time of occurrence*

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*Duration of occurrence*

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Describe the conditions present at the location:

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What precautions were taken to insure test conditions?:

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What phase of Mediumship was demonstrated? Explain fully:

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

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Was a communicating spirit identified?  Yes  No      Was this spirit entity known to anyone present?  Yes  No

Please explain:

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Was the identity of the communicating spirit established beyond a reasonable doubt?  Yes  No

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

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Name              | <input type="checkbox"/> Where lived     | <input type="checkbox"/> Relationship               | <input type="checkbox"/> Age                          |
| <input type="checkbox"/> Description       | <input type="checkbox"/> Character       | <input type="checkbox"/> Personality                | <input type="checkbox"/> Health condition             |
| <input type="checkbox"/> Method of passing | <input type="checkbox"/> Shared memories | <input type="checkbox"/> Knowledge of recent events | <input type="checkbox"/> Other <i>(explain below)</i> |

Thank you for participating. Please return this form to the medium as soon as possible following the demonstration.

**WITNESSES** By signing this affidavit, you certify that you have personally witnessed the Phenomena demonstrated by the medium named above and that it was in accord with NSAC standards. Witnesses affirm that the information given in this affidavit accurately represents what occurred on the date and at the place stated. Witnesses may be any two of the following: Pastor or Pastoral Committee Member, Board Member, NSAC Missionary, or those holding this credential or higher.

WITNESS 1 PRINTED NAME AND TITLE	SIGNATURE	DATE SIGNED
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ADDRESS, CITY, STATE, ZIP

PHONE	EMAIL
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WITNESS 2 PRINTED NAME AND TITLE	SIGNATURE	DATE SIGNED
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ADDRESS, CITY, STATE, ZIP

PHONE	EMAIL
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**MORE INFORMATION**

The Mediumship Affidavit is the only record of your observed phenomena maintained by NSAC. You may request a copy for your personal records. The affidavit will remain at the NSAC offices and will not be disclosed to anyone other than those charged by NSAC to verify your observation for the sole purpose of determining the qualifications of the individual applying for NSAC certification as a Spiritualist Medium. You may obtain further information about mediumship affidavits and about NSAC's policies and practices regarding mediums by contacting the National Spiritualist Association of Churches, 13 Cottage Row, PO Box 217, Lily Dale, NY 14752 or [www.nsac.org](http://www.nsac.org).