

# Historic Camp Chesterfield

Indiana Association of Spiritualists

50 Lincoln Dr. Chesterfield, Indiana 46017

**CHESTERFIELD SPIRITUALIST COLLEGE**

**SPIRITUAL HEALING AFFIDAVIT**

*I hereby certify that \_\_\_\_\_ served me as a channel for healing. Date of healing \_\_\_\_\_*

***A brief statement describing your healing experience:***

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***Print your name: \_\_\_\_\_ Date \_\_\_\_\_***

***Your Signature: \_\_\_\_\_***

***Your Contact Information: \_\_\_\_\_***

***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.***

***(You may return this Affidavit to your healing student or mail to Camp Chesterfield's address above with "Attention to Director of Healing").***

***\*Student Healer's Signature: \_\_\_\_\_***