

**HEALING AFFIDAVIT**



What is the purpose of this affidavit? Those studying to become Commissioned Spiritualist Healers, as part of their examination to become certified, need a number of affidavits from persons to whom they have brought healing. Your voluntary completion of this form can help your healer obtain the certification.

*Name of Spiritual Healer*

*Church name* **Living in Light Church**

*Person receiving Healing*

*Address*

*City, state, zip*

*Date of Spiritual Healing*

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**HEALTH CONDITION**

Please state briefly the physical condition which brought you to seek Spiritual Healing.

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**RESULTS OF HEALING**

Please explain how the physical condition was cured or relieved.

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SIGNATURE (*sign in presence of witness*)    DATE SIGNED

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Thank you for participating. Please return this form to your healer or a witness as soon as possible following the healing.

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**WITNESSES** By signing this affidavit, you certify that you have personally witnessed the Healing provided by the healer named above, and that it was in accord with LILC standards. Witnesses may be any two of the following: Minister, Certified Medium or Board Member.

WITNESS 1

WITNESS 2

**MORE INFORMATION**

Your healing may reference a single visit to the healing chair or to a condition needing several visits.

The Healing Affidavit is the only record of your healing maintained by LILC. You may request a copy for your personal records. The affidavit will remain at the LILC office and will not be disclosed to anyone other than those charged by LILC to verify your healing for the sole purpose of determining the qualifications of the individual applying for LILC commission as a Spiritualist Healer.