

# SWAMPSCOTT CHURCH OF SPIRITUALISM

## Healing Testimonial

Please describe a physical, mental or emotional healing, which you feel was cured or alleviated by the laying-on of hands. You, as a parent or guardian, may also testify regarding the healing of a child or person incapable of providing a written testimonial.

---

To Whom It May Concern:

**I have been healed by \_\_\_\_\_, who used the method**  
(name of healer)  
**described as the laying-on of hands. My condition prior to and after the healing treatment was/is as**  
**described by the following information and statement:**

Please check off any of the following, where applicable:

During the healing, I experienced the following:

- I experienced a physical sensation which I related to my own healing process.
- I saw an image or color which I related to my own personal healing.
- I experienced heat while being healed.
- I experienced a tingling sensation.
- I experienced a level of coolness.
- I sat for someone else (Absent Healing) and they incurred a healing experience.
- I experienced healing through sound (i.e. the music that was offered helped to heal me).

**Statement of Healing Experience (Please explain your healing experience below):**

I affirm this testimonial to be true and an accurate, detailed account of my healing experience while present at the Swampscott Church of Spiritualism.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

*For office purposes only:*

Board of Trustees/Pastoral signatures, who attest that they were present at the aforementioned healing service and who witnessed the experience:

\_\_\_\_\_  
(BOT/Pastoral Witness)

\_\_\_\_\_  
(BOT/Pastoral Witness)