

# Swampscott Church of Spiritualism

## Mediumship Testimonial

This form is to be completed by someone who has received an evidential message from a medium at a church service, medium's night, festival or by special arrangement.

Name of Medium: \_\_\_\_\_  
(please print)

Name of Person Receiving Message: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_  
(Street, City, State and Zip Code)

Date of Message: \_\_\_\_\_ Signature: \_\_\_\_\_

Was a communicating spirit identified: Yes/No Was this entity known to you? Yes/No

Please provide an explanation. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the identity established beyond a reasonable doubt? Yes/No

Please circle one or more of the following types of evidence you received in the message about the communicating spirit.

Name	Place where spirit lived on earth plane	Relationship	Age
Description	Character	Personality	Health Condition
Method of Passing	Shared Memories	Knowledge of Recent Events	

Other. (Please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was a pertinent message received? Yes/No

*Board of Trustees/Pastoral signatures, who attest that they witnessed the experience:*

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\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date