



Spiritualist Church of Canada

Application for Accredited Certificate

Name: _____

Address: _____

City/PR/PC: _____

Tel/Fax: _____ Email: _____

Applying for (please check appropriate box)

Healer

Lecturer

Clairvoyant

Application for Spiritual Healer's Certificate must be accompanied by three original declarations of testimony to the curative or beneficial treatment from the applicant.

Over 19 years of age? Yes / No

Certificates Held with S.C.C.

Other Studies in Spiritualism

Have you served a Divine Church Service? Yes / No

How Often and Where?

Church Affiliation: _____

How long have you been a Spiritualist? _____

How long have you been a member of a Spiritualist Church? _____

How long have you been a member of the S.C.C.? _____

Signature of Applicant

Fee \$15.00

Date

Address: 184 Thrushwood Drive, Barrie, ON, L4N 0Z1

Phone: 905 691 7601

Email: information@spiritualistchurchofCanada.com

Website: www.spiritualistchurchofcanada.com





Spiritualist Church of Canada

Declaration of Principal Officers of the Affiliated Church Member

Church: _____

President or Pastor: _____

Other Officer: _____

How long have you known the applicant? _____ years.

PERSONAL DECLARATION

I know the applicant to be responsible and experienced in the phase of mediumship and has adequate knowledge of the language of the congregation to whom they are ministering and clearly conveys their thoughts and those of their guides or controls, particularly where communications should be transmitted discretely. The statements made herein are true to the best of my knowledge. I recommend granting the certificate of recognition that is requested.

Signature of President or Pastor

Date

Signature of Church Officer

Date

S.C.C. Approved: _____

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