Initial Supernatural Activity Report

By filling out the form below you will help us create a pre-evaluation of the location in question. All data is completely confidential and will never meet the public eye without your written consent. Use a separate piece of paper if necessary, noting the number and section of the question if there is not enough room on this form to complete your answer.

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| Personal Information |

Full Name:

(Last) (First) (MI)

Resident Address:

 Street Address Apt/Unit No.

 City State Zip

Mailing Address (if different)

 Street Address PO or Mail Box No.

 City State Zip

Phone: ( ) ---- ( ) ----

 Primary Cell/Mobile

E-Mail:

Birthdate: / / Relationship: [ ] Single [ ]  Partnered [ ] Divorced [ ] Widow [ ]  Other

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Occupant Information |
| **Number of occupants at this location:** | **How long have residents lived at this location?** |
| **Name, age and gender:** |  |  | [ ]  Male [ ]  Female |
| **Name, age and gender:** |  |  | [ ]  Male [ ]  Female |
| **Name, age and gender:** |  |  | [ ]  Male [ ]  Female |
| **Name, age and gender:** |  |  | [ ]  Male [ ]  Female |
| **Name, age and gender:** |  |  | [ ]  Male [ ]  Female |
| **Name, age and gender:** |  |  | [ ]  Male [ ]  Female |

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| History of Location |
| **Name and/or address** | **Date built?** |
| **Previous occupants and ages?** |
| **Any known historical battles or confrontations near this location?** |
| General Questions |
| **Has anyone heard voices?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Any smells or odors?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Any shadows seen?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Seen or recorded any orbs?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Seen any smoky forms?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Seen any apparitions?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Strong emotion in certain areas of the property?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Felt any cold or hot spots?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Recent death of a loved one?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Recent anniversary of a death, birthday, anniversary, etc?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Heard any scraping, walking, or knocking?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Mood changes in specific rooms or areas?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Has anyone had conversations with spirits or entities?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Seen or heard doors opening or closing?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Seen any objects moving or had items disappear?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Any electrical disturbances?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Any resident going through puberty?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Any renovations recently at the location?** | [ ]  Yes [ ]  No | **If Yes, explain:** |
| **Had any problems with appliances?** | [ ]  Yes [ ]  No |
| **Televisions [ ]  Yes [ ]  No** | **Computers [ ]  Yes [ ]  No** |
| **Radio or Stereo [ ]  Yes [ ]  No** | **Clock/Clock Radio [ ]  Yes [ ]  No** |
| **Microwave [ ]  Yes [ ]  No** | **Telephones [ ]  Yes [ ]  No** |
| **Lighting [ ]  Yes [ ]  No** | **Other [ ]  Yes [ ]  No**  |

1. **Describe the paranormal phenomena you are reporting?**
2. **How long has it been occurring?**
3. **Do you know if the previous occupants experiencing, or having experienced, this phenomenon?**
4. **Other paranormal phenomena? Please describe:**
5. **Do you know of any previously documented paranormal accounts at this location? (Newspaper, testimony, church, etc.)**
6. **Describe the property?**
7. **On a timeline, what is the general history of the property?**
8. **Have any noteworthy or intense events happened here?**
9. **Have there been any noticeable patterns to any activity?**
10. **Do any of the residents at this location experience unusual mood swings or strange vivid dreams?**
11. **Do residents become tired, sick, or agitated to an extraordinary extent?**
12. **Are there any accounts of paranormal phenomena occurring at occupants’ previous residence? If so, please explain.**
13. **In your opinion, what could be some of the possible conventional causes?**
14. **Any history of hoax or practical jokes involved with occupant or any family members?**

**Thank you for contacting Over The Road Paranormal with your concerns of possible supernatural activity. You can expect to be contacted by a member of our staff as soon as possible.**