

STATE OF NEW MEXICO
CRIME VICTIMS REPARATION COMMISSION

MICHELLE LUJAN GRISHAM
GOVERNOR



FRANK ZUBIA
DIRECTOR

NATIVE AMERICAN HEALER VERIFICATION FORM

NATIVE AMERICAN HEALER

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE(S) OF CEREMONY: _____

TOTAL COST: _____

I hereby certify that I have performed this ceremony and have received the fee of \$ _____

From: _____

SIGNATURE: _____ DATE: _____

PERSON RECEIVING CEREMONY

NAME: _____ DOB: _____

NAME OF VICTIM: _____

RELATIONSHIP TO VICTIM: _____

PERSON WHO PAID FOR CEREMONY

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

I hereby certify that the above information is correct.

SIGNATURE: _____ DATE: _____