



NEW MEXICO CRIME VICTIMS REPARATION COMMISSION
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TRADITIONAL 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 ABOVE FEE:

RECEIVED FROM: []
SIGNATURE: [] DATE: []

PERSON RECEIVING CEREMONY

NAME: [] DOB: []
NAME OF VICTIM: []
RELATIONSHIP TO VICTIM: []

CEREMONY PERFORMED

DIAGNOSIS: [] PROTECTION/PREVENTION: [] BLESSING: []
OTHER(Indicate Ceremony Type:) []
DATE CEREMONY WAS PERFORMED: []

PERSON WHO PAID FOR THE CEREMONY

NAME: []
MAILING ADDRESS: []
PHONE NUMBER: []

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

SIGNATURE: [] DATE: []