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 | | | | | |
| 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.**