



NEW MEXICO CRIME VICTIMS REPARATION COMMISSION
6200 UPTOWN BLVD NE SUITE 210 • ALBUQUERQUE, NM 87110
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TRADITIONAL HEALER FORM

TRADITIONAL HEALER NAME:	
ADDRESS:	
PHONE NUMBER:	
DATE(S) OF CEREMONY:	
TOTAL COST:	

I 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 CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

SIGNATURE:		DATE:	
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