

RIVER CITIES PARANORMAL SOCIETY * NORCAL



RCPS*NorCal Interview Form			
Family Last Name:		First name of Caller:	
Home #:	Cell #:	E-Mail:	
Physical Address:			
All Family Members Information:			
Name:	Age:	Sex:	Had Personal Experience Here?
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
If more family members, write on the back of this page			
What are the paranormal claims?			
Date the claim(s) began:		Are they still happening? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did they only happen once? <input type="checkbox"/> Yes <input type="checkbox"/> No

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What areas of the building did these instances happen?

clients states entity is:

apparition

malevolent

vocal phenomenon

visual phenomenon

smells

tastes

sounds

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Anything else we should know?

Possible Date of Initial Investigation:

Team Members to be Present:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>