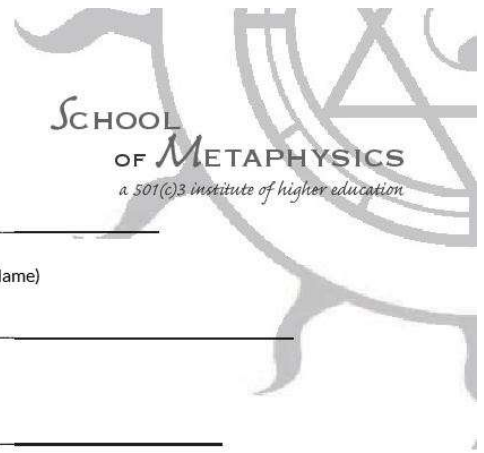


The FAMILY PROFILE

an Intuitive Report from the School of Metaphysics



SCHOOL
OF METAPHYSICS
a 501(c)3 institute of higher education

Your Name _____

(Male - as appears on birth certificate)

(Female - First & Middle Name as appears on birth certificate, Last Name most recent Married Name)

Postal Address _____

Street number and name or Route/Box number

City / State / Postal Code / Country

Phone Number _____ email _____

Demographic Information:

Gender _____ Birthdate _____

Educational Level _____ Occupation _____

SOM Study Status: Current Student _____ SOMA member _____ SIR member _____

I am hereby requesting that the School of Metaphysics conduct this research on my behalf as noted by my signature below.

√ _____
signature/date

Print complete names of up to four family members to be included in this intuitive research. Please include present day relationship to you.

*Your Intuitive Report
will be scheduled upon
receiving your request.*

*You can expect to
receive a recording by
postal mail at the ad-
dress you have provid-
ed within two to four
weeks. The Society
for Intuitive Research
welcomes you.*

Note: All family members must give consent for this research to be conducted.

If you have questions or specific concerns please write these on the back of this sheet.

List in order of importance. If your questions exceed five please call us.

Requested minimum contribution for this type of Intuitive Report is \$350.

Form of Payment (*circle one*):

Check/Money Order (*payable to School of Metaphysics*)

Visa Mastercard Discover

Amount Enclosed: \$ _____

Visa/MC Number: _____

Expiration Date: _____

Signature of Cardholder: _____

Mail completed form with indicated payment to the address at left.

**International orders please add \$15.00 for return priority mail.*

SOM World Headquarters
163 Moon Valley Road
Windyville, MO 65783 USA
ph. 1.417.345.8411

www.som.org
www.peacedome.org
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