



PAST LIFE PROFILE

an Intuitive Report from the School of Metaphysics

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

If you have a question or specific concern please write this legibly on the reverse side of this sheet.
(Maximum of Five questions)

Requested minimum contribution for this type of Intuitive Report is \$120.00 US.
Form of Payment (*circle one*):
Check/M.O. (payable to School of Metaphysics) Visa Mastercard Discover
Amount Enclosed: \$ _____
Visa/MC Number: _____
Exp. 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
www.dreamschool.org

Your Intuitive Report will be scheduled upon receiving your request. You can expect to receive a recording by postal mail at the address you have provided within two to four weeks. The Society for Intuitive Research welcomes you.