

The Greater Maryland Paranormal Society

Request Form

Thank you for considering the Greater Maryland Paranormal Society to investigate your property for possible paranormal activity. Please fill in this form to start the process. Upon receipt we will contact you for an interview to determine if we are best suited to help you. Questions about this form may be sent to gmp_society@yahoo.com

Name: _____ Age: _____

Address: _____

City, State and Zip: _____

Main Contact Number: _____

When is the best time to contact you? (Circle) Morning Afternoon Evening

Email Address: _____

Names and Ages of Other Residents: (Example: Joseph Brown, 32)

How long have you lived at or owned the property? (Circle) 1 to 5 years 5 to 10 years 10 to 15 years More than 15 years

If known, when was the structure on your property built? _____

Do you own, rent the property? _____

Has anyone ever died or been killed on your property? (Circle) Yes No Unknown

If known, please list a general history of location: _____

Do you believe in ghosts? (Circle) Yes No Undecided

Have you ever had a ghostly experience prior to your current paranormal activity? (Circle) Yes No

What has happened on your property to make you believe that there is a need for the GMPS to investigate? Please explain.

If the GMPS agrees to investigate your location will you be willing to sign a waiver allowing us to access your property? (Circle) Yes No

Background Info

Thank you for taking your time to fill out the GMPS Background Info Form dedicated to learning more about your paranormal experiences! While filling out the form please base your responses on your own personal experiences and your own internal personal processes. We only want to learn about you and you're first hand experiences. All info from this form will help us get a better understanding of your locations problems. And will make it possible for us to decide on how best to help you. Please answer this as honestly as possible. Please note that some of the questions are personal and might not seem to be in line with why you came to GMPS for help. Trust us; there are no questions on here that do not have a meaning.

Ethnicity:

Anglo (white, non-Hispanic) ____ Hispanic ____ African American (black) ____ Native American ____ Other ____

Marital Status:

Religion:

Education (highest level completed):

Describe the unusual / paranormal occurrences in your home or business or around yourself. Please give as much detail as possible.

When did phenomena begin occurring? _____

Where did the experience(s) occur? (Check) ___Outdoors ___Indoors at my home ___Indoors at my business

Approximate time of day that the experience(s) occurred _____

Is there any particular event which you associate with the onset of the disturbances? (Example: Death of a relative; house renovations, etc.) _____

What were the weather conditions during the occurrences? _____

In the rooms where most of the disturbance(s) occur, what electronic devices are used? _____

Has a licensed electrician checked the property wiring? If so, what, if anything, did they find? _____

Have you ever smelled any strange odors around the time of the occurrences? _____

Has a licensed professional checked the property gas lines? What, if anything, did they find? _____

Has anyone checked the property for RADON? _____

Are you aware of any underground streams located on the property? _____

Is the property in close proximity to high voltage power lines? _____

Are the power supplies for the property underground? _____

Is the property on top of, on the side of, or at the base of mountains or hills? _____

Does the property have underground concentrations of quartz, granite, salt, iron or copper? _____

Are there any exposed breaker boxes near the areas where the occurrences have been reported? _____

Have you ever been diagnosed with a psychological problem? _____

Have you ever, or are you currently seeing a psychologist, psychiatrist psychotherapist, or counselor for a mental health problem? _____

Are you currently taking medication of any kind? If so, please list the names of all medications and their dosages.

Have you ever, or do you currently suffer from any major medical problems? If so, please describe. _____

Have you ever had a seizure, or been diagnosed with epilepsy? _____

Do you have trouble sleeping? If so, please describe. _____

Do you ever experience a metallic or other unusual tastes in your mouth, for no apparent reason? _____

Have you ever used recreational drugs? If so, what type and for how long? _____

Are there any children residing in the house? If so, what are their genders and ages? Do the children have any health problems, talk to or play with a imaginary friend, or are they taking medication? Please describe. _____

Would you describe your family life as happy and stable? _____

Are you familiar with the history of the property /house? If so... please describe. _____

Do the events in your house appear to be directed toward any specific individual or object? If so, whom or what? _____

Do you have a problem with electrostatic discharges from objects and/or yourself? _____

Do you experience frequent problems with electrical appliances, computers, wrist watches, etc.? _____

Has anyone outside of your family experienced unusual phenomena in your house? Please provide names and contact information. _____

Have you ever contacted anyone to investigate the occurrences in your house? Who and when? What were their conclusions? _____

Have any unusual energy measurements been recorded inside your house or property? Please describe. (Example: magnetic fields, unusual temperatures, Ion concentrations, etc.). _____

I believe everything happens...(Check) for a reason according to God's plan because of reasons I choose

A haunting occurs because...(Check)

as a punishment for doing something spiritually or morally wrong.

as a result of evil forces.

as an attempt by an entity to possess or control someone.

none of the

above all of the above.

I feel I have psychic or paranormal gifts or abilities. (Circle) True False

I watch a lot of programs on the paranormal like Ghost Hunters and Paranormal State. (Circle) Yes No

It is important to understand the difference between good and evil when dealing with paranormal events. (Circle) True False

I have been around the paranormal all my life. (Circle) True False

I 100% believe in ghost, sprits, deamonds, spooks, spectors and all things haunted. (Circle) True False

When spirits are near, they sometimes...(check all that apply)

talk to me

push me

mock and criticize me

tell me how special I am

make me physically and/or

emotionally ill hit/strike me None of the above.

If I encountered a ghost I would...(Check)

rescue him/her so we can both be at peace.

ignore him because he/she is most likely evil.

be terrified.

assume it was my imagination.

I sometimes have violent or frightening dreams. (Circle) True False

I have had an out-of-body experience (OBE)? (Circle) Yes No

I have seen a ghost or apparition? (Circle) Yes No

If you have seen a ghost or apparition, were there other witnesses? Please describe. _____

I often find the people and circumstances in my life emotionally and physically draining. True False

I feel appreciated and supported by my family and friends. Yes No

There are times when it feels difficult to discern my emotions from those of other people. True False

Entities or spirits frequently behave like or remind me of people in my family. True False

Other people think I am unique because of my paranormal/psychic abilities. True False

It is important to surround myself with people who support my psychic abilities. True False

Spirits are drawn to me because of my special sensitivity. True False

I easily make new friends. True False

I am comfortable in social situations. True False

My decisions and thoughts are influenced by spirits around me. True False

My pet reacts to things that are not there. True False

I find it difficult to be around other people because of my psychic/intuitive sensitivity. True false

People often seek me out for advice. True False

I feel compelled to help people with their problems. True False

I consider myself to be an introverted person. True False

I am easily affected by other people's emotions. True False

People usually do not say what they mean. True False

I frequently discuss my problems and feelings with others. True False

I have been forced to move because of a paranormal event. True False

I enjoy many activities involving other people. True False

I have a good sense of humor, and can laugh at myself. True False

I often feel misunderstood. True False

I sometimes experience strong emotional reactions when encountering what I feel is paranormal. True False

I often feel overwhelmed or drained in large crowds. True False

Other peoples' opinions of me are important. True False

I am usually in control of my emotions. True False

I am an assertive person. True False

I am a very spiritual person. True False

Other people frequently violate my personal boundaries. True False

I always take responsibility for my own behavior and emotions. True False

I sometimes feel fatigued without any particular reason. True False

I am willing to do what ever it takes to prove that my home or business is haunted. True False

Please indicate the unexplained occurrences which you have experienced (Check all that apply).

Unexplained sounds or voices

The sound or voice of a deceased person known to me.

The sound or voice of a living person known to me (not physically present).

A strong sense of presence of an unknown person or entity.

A strong sense of presence of a deceased person known to me.

Unexplained breezes or cold chills.

Unexplained heat or hot flashes.

Unexplained smells

Pleasant

- Unpleasant
- Being touched or held by something or somebody unknown.
- Changing fog or cloudlike shapes.
- Moving figures of colored or white light.
- Human form (apparition) of a person known to me.
- Human form (apparition) of a person unknown to me.
- Figure of an animal or mythical being (unicorn, elf, devil, etc.)
- Unexplained sexual feelings.
- Unexplained movement or breakage of objects.
- Unexplained electrical equipment malfunctions (appliances starting or stopping on their own, etc.)
- Lights go on or off on there own
- Doors open or close on there own
- Cabinets or drawers open or close on there own
- Objects disappear and reappeared in different locations
- Sounds of foot steps or unexplained movement
- Sounds of toys being played with in areas where your child is not at
- Things moved and or stacked
- Other _____

Would you be willing to be interviewed about the details of your experience(s)? (If yes, please complete the following)
 Yes No

If your location is chosen for an investigation it is important that you understand that the investigation will start at dusk. It will continue, unless noted, until we have finished a full investigation of the "hot spots" in your location. This means that the investigation could go late into the evening. Due to the nature of our investigations and our desire to provide you a thorough investigation, we cannot give an official end time.

Sign _____ Date _____

Please forward this to GMPS C/O Bill Hartley 4014 Pennington Ave, Baltimore, MD. 21226

Again, we thank you for contacting us. Someone from the Greater Maryland Paranormal Society will be in contact with you with in 48 hours of receiving this form.