

DCOPRS

DOUGLAS COUNTY, OREGON PARANORMAL RESEARCH SOCIETY

Interview Date	Member	Case Type	Case no.	Property Type
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Name: _____ Telephone no. ____/____/____ Alt. no. ____/____/____
 Residence Address: _____ Apt. # _____ City: _____, OR Zip Code _____
 Mailing address (if different) _____ Apt. # _____ City: _____, OR Zip Code _____
 Email: _____ What is the best way to contact you? Home phone Cell Email

Please list everyone who lives with you.

L N	First Name	Last Name (optional)	Age	Relationship to you	Have they also experienced an event?	
1				<i>self</i>	Yes	No
2					Yes	No
3					Yes	No
4					Yes	No
5					Yes	No
6					Yes	No
7					Yes	No
8					Yes	No

Property Information

What type of building is this?
 Agriculture Commercial Residential Educational Government Industrial Military
 Parking & Storage Religious Transport Other : _____
 Do you own or are you:
 Own building or paying for building Renting Living with relatives or friends
 How long have you been at this location? _____
 Are the Head of Household? Yes No
 If not, who is? _____ May we contact them? Yes No
 Have you performed any research regarding this location prior to contacting us? Yes No
 If so, please describe your findings and sources: _____

 Would you be willing for our team to conduct an on-site investigation? Yes Not at this time No

Events

Did an event lead you to contacting DCOPRS? Yes No If yes, when did this event occur: _____
 Please describe what happened, as best you can: _____

 Did others experience this event? Yes No
 If yes, would they be willing to participate in relation to this questionnaire? Yes No Unknown
 If so, please provide the name and contact information of the individuals:

First Name	Last Name	Contact Number	Email

To the best of your knowledge, please briefly describe the variety of paranormal events experienced at this location, i.g. Knocking, Lights flickering, Abnormal behavior in pets, etc.:

- _____
- _____
- _____
- _____
- _____
- _____

If you can, please provide a more in-depth explanation of these events here:

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Approx. date and time of event: _____

Description of event:

Did others experience the same event? Yes No

If yes, would they be willing to participate in relation to this questionnaire?

First Name	Last Name	Contact Number	Email

Approx. date and time of event: _____

Description of event:

Did others experience the same event? Yes No

If yes, would they be willing to participate in relation to this questionnaire?

First Name	Last Name	Contact Number	Email

Approx. date and time of event: _____

Description of event:

Did others experience the same event? Yes No

If yes, would they be willing to participate in relation to this questionnaire?

First Name	Last Name	Contact Number	Email

Approx. date and time of event: _____

Description of event:

Did others experience the same event? Yes No

If yes, would they be willing to participate in relation to this questionnaire?

First Name	Last Name	Contact Number	Email

What Can We Do For You?

The Douglas County, Oregon Paranormal Research Society is a non-profit organization serving our community. Our goals are to provide our clients with on-site paranormal investigations, research, cleansing, blessings, and ultimately a trusted source to which you can turn to with questions and/or concerns.

We are prepared to approach each case with the knowledge and experience needed to document, discover, debunk and deliver any and all evidence collected. This includes, but is not limited to: EVP, video footage, pictures, historical information regarding the property, and psychic medium interpretations for those who are interested.

DCOPRS is also working towards providing assistance from both Religious and/or Spiritual Leaders to those who seek counsel. We make it a part of our mission to work with and respect all personal views of our clients.

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Though it is our desire to deliver results, it should be said that we can never guarantee the behavior of the unknown thus we cannot make any guarantees about the validity and truth behind your experiences or the success of cleansings. We do guarantee that all events are organized with a scientific outlook and are conducted under controlled conditions.

Our consultants are volunteers; however, any and all statements made quoting our consultants are the sole opinion of the individual consultant and do not reflect the opinions or policies, stated or otherwise, of DCOPRS. No perceived predictions, opinions, information, advice or comments made by our members, psychics, mediums or clairvoyants should be interpreted as factual or actual. You, the attendee, are responsible for making your own decisions and it is understood that when our members, psychics, mediums and clairvoyants suggest something to you, it is an opinion of the consultant, and should not be interpreted as the only course of action.

Which of our services are you interested in?

Investigation Advice Cleansing Blessing Historical Research Religious/Spiritual Support Other
Please briefly describe what you would like DCOPRS to do for you: _____
