CHURCH OF BRALL CLERICAL TREATMENT FORM #2613B

FORM TO BE COMPLETED PRIOR TO MEDICAL OR CLERICAL TREATMENT AND/OR BLESSING OF INDIVIDUAL OR ADMISSION TO PROLONGED INTENSIVE CARE. TREATMENT WILL ONLY BE DISBURSED UPON ENTIRE COMPLETION OF FORM. WE HOLD THE RIGHT TO REFUSE SERVICE TO ANYONE.

DATE: _____ COMPLETED BY: _____
RELATIONSHIP TO INDIVIDUAL SEEKING TREATMENT: _____

NAME: _____ NICKNAME: _____

DOB: _____ MOTHER'S MAIDEN NAME: _____

OCCUPATION: _____

PLEASE LIST ALL SPELLS, CHARMS, BLESSINGS, DEMONIC/FEY/ELDER PACTS, BOOSTS, INCANTATIONS, FORMER CLERICAL AID, DIVINE INTERVENTIONS ON BEHALF OF PLANAR DEITIES, MINDFLAYER INDUCED FITS OF AMNESIA, JOURNEYS THROUGH SIGIL, SEVERE INJURIES, LOSS OF LIMB, USES OF ARTIFACTS, AND MEDICATIONS USED IN THE LAST SIX MONTHS:

ALLERGIES: _____

DEITY (PLEASE LIST FORMER OR ALL IF POLYTHEISTIC): _____

HAS THE INDIVIDUAL EVER BEEN TREATED FOR VAMPIRISM, TURNED, OR CURSED? IF SO, PLEASE LIST

SPECIFIC INCIDENT(S): _____

EMERGENCY CONTACT

NAME: _____

RELATION TO INDIVIDUAL: _____

PREFERRED METHOD FOR RECEIVING SENDING: _____

(EMERGENCY CONTACT IS REQUIRED TO SUBMIT TO NEAREST CLINICAL FACILITY TO BE MADE FAMILIAR TO SENDER AT EARLIEST CONVENIENCE. THOSE WHO DO NOT SUBMIT ARE SUBJECT TO A FINE.)

BY SIGNING AND SUBMITTING THIS FORM, PATIENT CONSENTS THAT THE INDIVIDUAL CLERIC ASSIGNED TO PROVIDE TREATMENT OR BLESSINGS IS NOT RESPONSIBLE FOR SIDE EFFECTS, FURTHER INJURY, CURSES, LOSS OF LIMB, ACTS OF WRATH AS COMMITTED BY PLANAR DEITIES, UNEXPECTED VACATIONS TO BAATOR, PORTAL RIFTS, OR DEATH.

SIGNATURE: _____

MEMBERSHIP ID #: _____

CHURCH OF BRALL MEMBERSHIP ID REQUEST FORM

FORM TO BE COMPLETED PRIOR TO DISBURSEMENT OF ID NUMBER. IF A NUMBER IS LOST OR FORGOTTEN, FORM MUST BE RESUBMITTED FOR CONSIDERATION. A MEMBERSHIP ID IS REQUIRED BEFORE RECEIVING TREATMENT.

NAME: _____ NICKNAME: _____

DOB: _____ MOTHER'S MAIDEN NAME: _____

OCCUPATION: _____

CURRENT FEELINGS ON THE POLITICAL STATE OF THE KINGDOM:
_____

PLEASE DESCRIBE YOUR AWARENESS OF CONTRACTUAL LAW IN REGARDS TO THE UNIFORMED REGIONAL CODES FOR BILATERAL SERVITUDE AND PROGRESSION OF MEDICAL PRACTICES NOTWITHSTANDING EXPERIMENTAL VOLUNTARY SUBJUGATION TO FORMER PRACTICES AS THEY ARE OUTLINED IN SECTION CODE 17 OF THE EDICT OF VERRA: _____

HAVE YOU PARTICIPATED IN ANY OF THE FOLLOWING ACTIVITIES WITHIN THE LAST SIX MONTHS (CHECK
ALL THAT APPLY):

☐ Climbing	☐ Flying	☐ Alchemy
☐ Sword fighting	☐ Jousting	☐ Potion consumption
☐ Multi-dimensional travel	☐ Mead Consumption	☐ Monastic traditions
☐ Infernal Pacts	☐ Bugbear domestication	☐ Cavorting with Succubi
☐ Sacrificial Ceremonies	☐ Merging with the eye of Vecna	☐ Sailing
☐ Gelatinous Cube Racing	☐ Worship of Bahamut	☐ Reading
☐ Orc Slaying	☐ Lute playing	☐ Piracy
☐ "Questing"	☐ Performing of epic poetry	☐ Crippling existential self-awareness
☐ "Dungeon delving"		

BY REQUESTING A MEMBERSHIP WITH THE CHURCH OF BRALL THE INDIVIDUAL IS EITHER REQUIRED TO PAY 500 GOLD IN THREE INSTALLMENTS FOR A SEASONAL SERVITUDE OF ONE YEAR, OR MAY OPT FOR A PAYMENT PLAN: ALL ADDITIONAL GOLD EARNED AND SPLIT WHILE JERGAL REPRESENTATIVE IS IN SERVICE TO INDIVIDUAL IS ADDITIONALLY SPLIT AT 70/30%.

BY SIGNING AND SUBMITTING THIS FORM, PATIENT CONSENTS THAT THE INDIVIDUAL CLERIC ASSIGNED TO
PROVIDE TREATMENT OR BLESSINGS IS NOT RESPONSIBLE FOR SIDE EFFECTS, FURTHER INJURY, CURSES, LOSS OF LIMB, ACTS OF WRATH AS COMMITTED BY PLANAR DEITIES, UNEXPECTED VACATIONS TO BAATOR, PORTAL RIFTS, OR DEATH.

SIGNATURE: _____

CHURCH OF BRALL MEMBERSHIP ID CARD

ID#: _____

A MEMBERSHIP ID IS REQUIRED BEFORE RECEIVING TREATMENT. CHURCH OF BRALL IS NOT RESPONSIBLE FOR LOST OR STOLEN ID CARDS AND A NEW REQUEST FORM MUST BE SUBMITTED FOR RECONSIDERATION. BY PRESENTING THIS CARD, PATIENT AGREES THAT THE INDIVIDUAL CLERIC ASSIGNED TO PROVIDE TREATMENT OR BLESSINGS IS NOT RESPONSIBLE FOR SIDE EFFECTS, FURTHER INJURY, CURSES, LOSS OF LIMB, ACTS OF WRATH AS COMMITTED BY PLANAR DEITIES, UNEXPECTED VACATIONS TO BAATOR, PORTAL RIFTS, OR DEATH.

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