Phone: 214-616-0082

info@arlingtonparanormal.com

The Greater Arlington Paranormal Society will conduct a professional investigation by request. If you would like the team to investigate your location, please complete the information below and return this form to us which can be submitted in person or sent to our email address provided above. We will be in contact with you about your request.

We understand that this is a rather large series of questions but in order for GAPS to proceed with any investigation, this form must be completed to the best of your ability.

All information contained within this form is considered confidential and will not be discussed outside of the GAPS group without the express written consent of the parties involved.

Remember that GAPS does not charge for any investigations.

We must ask that you please be a truthful and as forthcoming as possible in completing this form as well as in describing the events that have occurred at the location.

Safety is important for all involved. If some of the questions seem personal or out of place, please do not be offended. Each question below is asked for a reason.

It is imperative that the team understands the paranormal activity that is occurring at the location. This is not an attempt to “try and create evidence.” This is in order for the team to prepare themselves for what may be at the center of the activity. We believe that there are entities that are not friendly and have a desire to inflict harm to people. If such an entity exists at your location, we need to be prepared to encounter it.

Please remember that we are seekers of the truth and are not in this to get gain, fame or fortune. We are looking for evidence that we can share with you and others in the world of the paranormal.

**Investigation Request**

**SECTION I GENERAL INFORMATION**

Your Name:

Phone Number:

E-mail:

**SECTION II LOCATION OF THE PLACE YOU WOULD LIKE TO HAVE INVESTIGATED**

Address:

Address:

City:

State:

Zip:

Is this a Residential Home, Place of Business, Cemetery or Property?

Are you the Owner of the Property?

If not, please provide the owner’s name:

Owner’s Contact Phone or Email (if known):

Is this location your home or place of work?

If not, please provide your address information below:

Address:

Address:

City:

State:

Zip:

If this is a building, please describe the building.

When are the best times for an investigation at this location?

**SECTION III PARANORMAL ACTIVITY**

Describe the paranormal activity occurring at the above location:

How often do these occurrences happen?

Has anyone been physically injured as a result of this activity? If so, please describe in as much detail as possible what has occurred and to which individuals suffered harm.

Please provide any names of individuals who have witnessed paranormal activity at this location, what they witnessed and the date of the occurrence(s).

Please provide any history that you may know about the location?

Have there been any deaths on the property of which you are aware?

Please provide any information pertaining to these deaths, including name, dates, type of death, etc…

Have there been any attempts to conduct séances, spirit contacts, use of an Ouija Board, etc... at this location of which you are aware?

If so, who was involved with this activity and when did it occur.

Have any other paranormal groups investigated this location? If so, who performed the investigation and when did this occur?

Are there any other paranormal groups actively investigating this location? If so, who.

Do you have a religious affiliation?

How would you rate your involvement in your religion?

What is your own belief in the paranormal? Do you believe in Ghosts, spirits, etc?

If you have a belief in ghosts, spirits, etc… did you believe prior to the events at this location?

**SECTION IV CURRENT INDIVIDUALS RESIDING/WORKING AT THE LOCATION**

Please list any individual currently living or working at this location. If possible, please include their age(s)

Is anyone at this location seriously ill? If so, what is their illness and current condition?

Is anyone at this location suffering from a mental illness? If so, please describe.

Is anyone at this location on any medication? If so who and what?

Was alcohol present during the paranormal activity described above?

Do you know of any illegal drugs being used at this location?

**SECTION V PETS / ANIMALS**

Please list any pets/animals of any kind at this location?

Do any of these animals express strange or unusual behavior at the location?

Are there any specific areas that the pets/animals avoid?

**SECTION VI VERIFICATION**

Before submitting this form, please answer “YES” the following questions. If the answer is “NO” to any of these statements it doesn’t necessarily exempt this location from investigation, it merely means we will need further information from you.

I have the authority to allow GAPS to investigate the property.

The location will be free from non-involved individuals.

The location will be free from any pets during the investigation.

The location is free from hazardous chemicals.

The location is structurally sound.

Your Name (printed):

Your Signature:

Date