



# MAPIT

MANCHESTER'S ASSOCIATION OF PARANORMAL

## PARANORMAL REPORT FORM

PLEASE RETURN FORM TO:-

FOR OFFICE USE ONLY:-

CASE REF No.....

IN ASSOCIATION WITH SEP  
THE  
SCIENTIFIC ESTABLISHMENT  
OF PARAPSYCHOLOGY

**PLEASE COMPLETE THE RELEVANT SECTIONS BELOW.**

Full Name :

Full Address (Including Postcode) :

Telephone No. & Dialling Code :

Date of Birth :

Technical / Academic Qualifications :

Have you reported your experience to any other organisation :

Occupation :

**REPORTING A PARANORMAL INCIDENT :**

Date of Incident :

Time of Incident :

How many witnesses :

Location of Incident :

Nearest Town :

Incident Photographed or Filmed :

Observation Length :

Balls of light seen :

Were there any Unusual Odours : (If Yes, Please Describe) :

Any Cold Spots :

Witnessed a Time Slip :

Were there any Unusual Sounds / Audible Disturbances : (If Yes, Please Describe) :

Did you witness an Apparition : (If Yes, Please tick the appropriate box) :  
If you have ticked the box 'Other', then please describe below :

Amorphous

Solid

Smoky

See-Through

Shadowy

Other



Please tick any appropriate boxes, that best describes the weather conditions at the time of your Paranormal Experience.

Windy

Breezy

Still

Hot

Warm

Mild

Cool

Cold

Freezing

Sunny

Overcast

Clear

Raining

Dry

Stormy

Snowing

Fog / Mist

Other

Do you object to the publication of your name :

Have you witnessed previous paranormal phenomena :

Do you live near to any Reservoirs, Overhead Pylons, High Frequency Antennas, Substations or Generators :

Would it be possible for a MAPIT Representative to interview you :

How often do you use a mobile phone :



Have you ever experienced Paralysis :	Physical Marks on the body caused by Phenomena :
Have any paranormal formings been found :	Does the most activity take place during the night :
Is the activity just a house centred phenomena (HCP) :	Have there been any spontaneous breakages :
Were there any children under the age of 15 present during any paranormal activity :	
Has there been any strange characteristic changes in your partner or other family members :	
Have any Modifications, Extensions, Renovations or Alterations recently taken place : (If Applicable) :	
Have you ever conducted any form of channelling, seances, or Ouija board sessions in the property / vicinity :	

**PLEASE LIST ANYONE ELSE WHO MAY HAVE WITNESSED THE SAME INCIDENT / PHENOMENA**

**Witness 1 :**

Full Name :

Address :

**Witness 2 :**

Full Name :

Address :

**Witness 3 :**

Full Name :

Address :

Have you informed a priest, vicar, medium, psychic or spiritualist about these disturbances :

Is there or has there been any structural damage to the location, site, location or property :

Have you noticed any sudden and unusual increases in household bills : (If Applicable) :

Have any lights flickered, bulbs jumped out of there sockets or candles burnt blue :

Do any children have imaginary friends :	Have you ever had a UFO sighting :
Do you want this activity / phenomena to stop :	Have any apparitions of animals been seen or felt :
Do you often feel tired, drained or run down :	Have any bells or chimes been rung :

Have you ever been a member of an organisation that has interests in the paranormal or UFOs : (If Yes, Please give details) :

Has the area, site, location or property ever been blessed by a vicar or priest : (If Yes, When did this take place & by whom) :

Have any cold breezes, cold areas or strange air movement been witnessed :

Witnesses Signature :	Today's Date :
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