



Client Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: (For my use only) _____

Phone Number: () _____ Referred by: ☐ Friend ☐ FB ☐ Instagram ☐ Other _____

TO BE FILLED OUT BY JOY AT BEGINNING OF CONSULT

Deseased's Name: _____

Relation to Client:

Number Years Deceased: _____

Cause of Death: _____

[illegible]

“OPENING THE DOOR TO A NEW BEGINNING”

Joy Mason Communications Medium Consult Form