

**CARRIE HARRIS & CHRISTOPHER SELL**  
C. M. H., C. HYP., M. P. N. L. P. CHANNEL, SPIRITUAL COUNSELLOR AND TEACHER  
**DIRECT, INDIRECT AND REMOTE SPIRIT RELEASE**  
32 Brighton Road, Shoreham by Sea, West Sussex, BN43 6RG.  
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**Application for Spirit Release**

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

**Name of Person to be Released (Client).....**

Name of Person requesting Release.....

Relationship to Client (e.g. mother, friend etc).....

Requestor's address.....

.....Post Code.....

Telephone No.....Mobile.....

Email.....

**Client's date of birth**..... Or Age .....

**Client's address** (if other than requestor).....

.....Post Code.....

Referred by (if different to Requestor) .....

**ALL INFORMATION IS STRICTLY PRIVATE AND CONFIDENTIAL**

We intend to serve you to the best of our ability. In order help us to do so, please answer the following questions:

Circle as appropriate **on behalf of the Client to be Released**

- |    |   |      |        |         |
|----|---|------|--------|---------|
| 1. | My energy level is                            | Low  | Medium | High    |
| 2. | I suffer from character shifts or mood swings | Yes  | No     |         |
| 3. | I hear inner voices speaking to me            | Yes  | No     |         |
| 4. | I have used or abused (circle any that apply) | Food | Drugs  | Alcohol |
| 5. | I have impulsive behaviour                    | Yes  | No     |         |
| 6. | I have a problem remembering things.          | Yes  | No     |         |
| 7. | I have poor concentration.                    | Yes  | No     |         |

Continued over....

- |     |  |     |    |
|-----|--|-----|----|
| 8.  | I have experienced a sudden onset of anxiety or depression                       | Yes | No |
| 9.  | I have experienced a sudden onset of physical problems,<br>with no obvious cause | Yes | No |
| 10. | I am currently taking medication   | Yes | No |
| 11. | Please add further information you feel may be relevant here                     |     |    |

A FINAL NOTE. For remote release we work together. Without exception all information gained as a result of this therapy is shared only with the Requestor &/or Client. Our skills are focused for the greatest good of the Client and most people benefit from one single session. Appropriate physical healing may be experienced as a result of the session. However, this is a complementary therapy; not a medical treatment. Any areas of physical concern that may become apparent during the session do get mentioned in the written report. It is then up to the recipient &/or client to decide whether to refer this to a medical practitioner. If you have any queries before requesting this therapy, please ask.

Declaration:

I have read and understood all of the above. I have answered all the questions as accurately as possible on behalf of the Client. I understand the concept of this therapy and request a session be undertaken for the Client.

Signed.....

Date.....