

INDIANA GHOST DOCTORS

PARANORMAL INVESTIGATORS

www.indianaghostdoctors.com

For Information contact:

Bill LeBeau, Founder (765) 398-6174

Central Division



AUDIO ANALYSIS FINDINGS

Investigator's Name: _____ Date / Time: _____

Location: _____

PAGE _____ of _____

Be sure to give the timeline in the audio file so we know where to look using hours minutes seconds including the fractions of a second (h m s) if using older recording device please give the position in feet and inches (f i).

All persons involved in the recording session are to be named on this form for each session, even if there was a change and one or more people entered the session at an point include their name for the session.

Make sure that you turn in the original file along with any cleaned up files or file clips, **THIS IS ESSENTIAL FOR AUTHENTICATION IF YOU DON'T THEN IT CAN NOT BE USED IN ANY FINDINGS!**

Names of people involved in audio session: _____

Audio File Name: _____

Location on Audio File: ___/h ___/m ___. ___/s OR ___/f ___/i

Describe Suspected Sound or Voice, if a voice note what you believe to be said: _____

Clip File Made? YES NO Name of Clip File: _____

Location on Audio File: ___/h ___/m ___. ___/s OR ___/f ___/i

Describe Suspected Sound or Voice, if a voice note what you believe to be said: _____

Clip File Made? YES NO Name of Clip File: _____

Location on Audio File: ___/h ___/m ___. ___/s OR ___/f ___/i

Describe Suspected Sound or Voice, if a voice note what you believe to be said: _____

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Location on Audio File: ___/h ___/m ___. ___/s OR ___/f ___/i

Describe Suspected Sound or Voice, if a voice note what you believe to be said: _____

Clip File Made? YES NO Name of Clip File: _____

Investigator's Signature _____

IGD OFFICE USE ONLY

Received by: _____

Date Received: _____