

INDIANA GHOST DOCTORS

PARANORMAL INVESTIGATORS

www.indianaghostdoctors.com

For Information contact:

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Central Division



Investigation Form

Investigator's Name: _____ Date / Time: _____

Location: _____

Reason for Investigation: _____

Weather Conditions: _____

Personal Experiences / Notes: _____

Investigators Signature

IGD OFFICE USE ONLY

Received by: _____

Date Received: _____