

INDIANA GHOST DOCTORS

PARANORMAL INVESTIGATORS

www.indianaghostdoctors.com



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: _____