

# PAST LIFE PROFILE

*an Intuitive Report from the School of Metaphysics*

Your Name \_\_\_\_\_

Please type/print as on birth certificate. Females who have married use most recent husband's last name.

Postal Address \_\_\_\_\_

*Street number and name or Route/Box number*

\_\_\_\_\_  
*City / State / Postal Code / Country*

Phone Number \_\_\_\_\_ email \_\_\_\_\_

Demographic Information:

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Educational Level \_\_\_\_\_ Occupation \_\_\_\_\_

SOM Study Status: Current Student \_\_\_\_\_ SOMA member \_\_\_\_\_ SIR member \_\_\_\_\_

I am hereby requesting that the School of Metaphysics conduct this research on my behalf as noted by my signature below.

✓ \_\_\_\_\_

signature/date

If you have a question or specific concern please write this legibly on the reverse side of this sheet.

Requested minimum donation for this type of Intuitive Report is \$80US.

Form of Payment (*circle one*):

Check/M.O. (*payable to School of Metaphysics*) Visa Mastercard Discover

Amount Enclosed: \$ \_\_\_\_\_

Visa/MC Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Mail completed form with indicated payment to the address at left.

*\*International orders please add \$15.00 for return priority mail.*

SOM World Headquarters  
163 Moon Valley Road  
Windyville, MO 65783 USA  
ph. 1.417.345.8411

www.som.org  
www.peacedome.org  
www.dreamschool.org

*Your Intuitive Report will be scheduled upon receiving your request. You can expect to receive a recording by postal mail at the address you have provided within two to four weeks. The Society for Intuitive Research welcomes you.*