

Paranormal Investigation Report Form



Case Information

Case Number: _____
Date: _____
Time: _____
Location: _____
Lat/Long: _____
Investigator(s): _____

Client Information

Name: _____
Contact Information: _____
Cause for Investigation: _____

Location Information

Type of Location: _____
Age of Location: _____
History of Location: _____
Previous Activities: _____

Witness Information

Number of Witnesses: _____

Witness Name 1: _____
Witness 1 Contact: _____
Witness 1 Age: _____
Witness 1 Occupation: _____

Witness Name 2: _____
Witness 2 Contact: _____
Witness 2 Age: _____
Witness 2 Occupation: _____

Witness Name 3: _____
Witness 3 Contact: _____
Witness 3 Age: _____
Witness 3 Occupation: _____

Investigation Details

Investigation Dates: _____

Investigation Times: _____

Investigation Equipment Used

Audio Recorders: _____

Cameras: _____

EMF Meters: _____

Infrared Sensors: _____

Motion Detectors: _____

Laser Detection: _____

Other: _____

Investigation Techniques Used

EVP Sessions: _____

Seances: _____

Interviews: _____

Paranormal Activity Observed

Visual: _____

Auditory: _____

Kinesthetic: _____

Olfactory: _____

Description of Activity: _____

Frequency of Activity: _____

Duration of Activity: _____

Evidence Collected

EVPs: _____

Disembodied Voices: _____

Unusual Sounds: _____

Photographs: _____

Videos: _____

Unusual Lighting: _____

Temperatures: _____

EMF Readings: _____

Objects Moved: _____

Investigator's Notes

Additional Observations: _____

Conclusion: _____

Debunking & Alternative Explanations

Alternatives considered
for reported activity? _____

Debunking techniques
used: _____

Client Follow Up

Was client satisfied with
the investigation? _____

Did client experience
further activity after
investigation? _____

Investigator's Certification

I, _____, certify that this report is a true and accurate account of the
investigation, _____.

Signature: _____

Date: _____

Investigator's Information

Name: _____

Address: _____

eMail: _____

Telephone: _____