

Sample Interview Questions

1. Address of site:
2. Name of witness:
3. Mailing address if different:
4. Phone number:
5. Email Address:
6. How many occupants at location:
7. How many pets:
8. Occupants' names and ages:
9. Occupants' occupations:
10. Occupants' religious beliefs:
11. Time of occupancy at the location:
12. Age of the site:
13. How many previous owners (if known):
14. History of site: (tragedies, deaths, previous complaints)
15. How many rooms in the site:
16. Has the location been blessed:
17. Has there been any recent remodeling (if so, what and where):
18. Any occupants on prescribed medication (anxiety, depression, pain, etc) Please list names and medications:
19. Any occupants using illegal drugs (this will be kept confidential):
20. Any occupants drink alcohol heavily (this will be kept confidential):
21. Any occupants interested in the occult: (Ouija, séances, psychics, spells) If so, who and what?
22. Any occupants currently seeing a psychiatrist or in therapy (this will be kept confidential): if so, who:
23. Any occupants with frequent or unexplained illnesses (if yes, describe):
24. Have any religious clergy been consulted: If so, please list church:
25. Has there been any media involvement: If so, who:
26. Have there been any other witnesses besides the occupants (names and relationships)
27. Have there been any odors: (i.e. perfumes, flowers, sulfur, ammonia, excrement, etc) If so, when, where and what:
28. Have there been any sounds: (i.e. footsteps, knocks, banging, etc) If so, when, where and what:
29. Have there been any voices: (whispering, yelling, crying, speaking) If so, when, where and what:
30. Has there been any movement of objects, If so, when, where and what:
31. Has there been any apparitions, If so, when, where and what (describe the apparition):
32. Have there been any uncommon cold or hot spots: If so, when, where and what:
33. Have there been any problems with electrical appliances: (TV, lights, kitchen appliances, doorbells) If so, when, where and what:
34. Have there been any problems with plumbing: (leaks, flooding, sinks, toilet bowls) If so, when, where and what:
35. Any occupants having nightmares or trouble sleeping: If so, who and when:
36. Have there been any physical contact: If so, who, where and what happened:
37. Are pets affected: If so, how:
38. Describe the first occurrence of the phenomena: (what and when happened?)
39. Who first witnessed the phenomena:
40. What time was the first occurrence of the phenomena:
41. What is the witness's reaction during the phenomena:
42. Were there any other witnesses during the first event:
43. How long is the average duration of the phenomena:
44. How often does the phenomena occur:
45. Do any of the occupants feel the phenomena is threatening: If so, who and why?
46. What do the occupants believe is happening: (i.e. it's supernatural, natural, unsure, etc.) :
47. Do all of the occupants agree on what is happening, Do any think it's nonsense or not happening:
48. What would you like to see accomplished from our visit?

Ghost Hunt Log

Date: _____ Time: _____

Investigator: _____

Location: _____

Weather: _____

Other Investigators Present _____

Equipment: Camera Video Camera Tape Recorder Digital Camera

EMF Thermometer Night Vision

Film Speed _____ Brand _____ Exposures _____

B&W Color Infrared APS

Audio Tape: Micro Cassette Standard Cassette

length 60min 90min 120min

Video Tape: VHS VHS-C 8mm Digital 30min

Length 60min 90min 120min

Thermometer: Standard Electronic Infrared

Phenomena witnessed by investigator

Time: Phenomena:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Investigators initials _____

Sample Proposal Letter for Access to a Site for an Investigation

DATE

To Whom It May Concern:

I represent a small group of student researchers, in the field of paranormal studies.

As part of our ongoing education, we must coordinate our research efforts on historical sites, including cemeteries, churches, parklands, etc.

We seek permission for the three of us to have access for 1 (ONE) evening, preferably this week sometime, it would be after regular gate hours, for a duration of 3 hours, from 8pm until 11pm, in order to conduct the following field investigation:

1. Photography, standard and infrared, 3 rolls (24 exposures per roll), for location verification
2. A small tape recording unit, for documentation of our efforts
3. A few other tools, such as flashlights (for obvious reasons), compass, candles for emerg. light source, and spare film, batteries and tapes, as backup, and a small hand-held electric field sensing device, as well as a notebook to record the steps as we go through them.

We expect this to be a dry run for future coordination of professional research, upon earning our certification. It will also establish base readings so that we may more ably gauge when future readings are anomalous.

Our research is dependent on clear weather, and will have to be postponed if fog, rain, high winds, snow or other inclement weather occurs on the set date and time. We will notify you of any cancellation, and if there is a need to reschedule, your permission will again be sought.

We understand, and fully respect that we will be on private property at all times, and all due consideration will be given, so that no damage come to any burial sites, mementos, or any part of your property. If through accident, or neglect on our part we do cause damage, we will repay your organization in full for the cost of repairing it.

We each have the utmost respect for all those who have a loved one buried here, and solemnly promise there will be no intoxicant consumption, horseplay, or any other disagreeable conduct, just the research as mentioned above will be done, for the duration permitted, and on the agreed site(s).

We will also notify the appropriate division of Metro Police of the date and time of our study, so that there won't be a false alarm.

We agree that we undertake this research at our own risk, and understand that your organization is not responsible for any injury or damage to the students or their instruments, while on your property.

We agree to conduct the entire study out of view of passerby, and the general public, so as not to arouse their interest.

We ask that if you give your permission, please leave a current copy of your property's map with the caretaker, so that we can accurately make our way to our location, with no needless walking around.

Please give us your consideration, in this matter, if you require any other conditions to be met, we will accommodate them into our proposal, and sign to it. The other two students will disclose their names and contact information, and sign to your terms as well, on the date of the study. We will also provide ID, if requested.

Yours truly,

your name
Street, City, State
Home: (555) 555-5555 Work: (555) 555-5555

Sample Release Form for Access to a Site

I, _____, have the authority to allow access to (GROUP NAME) members and affiliated persons to _____ located in _____ for the purpose of conducting an investigation into possible paranormal occurrences or conducting field research at this location. The investigation process has been explained to me and I give (GROUP NAME) permission to conduct one at this location. SJGR releases the owner of the location from any liability for injuries and/or damages incurred during the investigation. (GROUP NAME) assumes responsibility for any damages to the property during the investigation.

Signed _____ Date _____
Witness _____ Date _____

Sample Release Form for Confidentiality and Release of Information

(GROUP NAME) respects your right to privacy. All of your personal information will be kept confidential. GROUP NAME) would like to use some or all of the information and evidence collected during the investigation for possible inclusion in our website, newsletter and other future media considerations. Please check the level of confidentiality you would like to request:

___ (GROUP NAME) may not release any part of the investigation to the public.

___ (GROUP NAME) may release the information providing that the identity of witnesses and clients are changed and the exact address of the location is excluded.

___ (GROUP NAME) may release any/all of the information and evidence collected during the investigation.

___ Other comments/requests_____

Signed_____ Date_____
Witness_____ Date_____