

SPACE CLEARING WORKSHEET

NAME OF OCCUPANT: _____

ADDRESS: _____

1. ATTACHING EARTHBOUND SPIRIT(S) YES _____ NO _____

How many? _____

Type(s) of negative energy _____

Male/Female _____

Length of attachment _____

2. VISITING EARTHBOUND SPIRIT(S) YES _____ NO _____

How many? _____

Type(s) of negative energy _____

Male/Female _____

3. POLTERGEIST(S) YES _____ NO _____

How many? _____

Length of attachment _____

4. RESIDUAL HAUNTING(S) YES _____ NO _____

How many? _____

Type(s) of negative energy _____

5. EMOTIONAL RESIDUE(S) YES _____ NO _____



How many different residues? _____

Type(s) of negative energy _____

6. **NEGATIVE THOUGHT FORM(S)** YES _____ NO _____

How many different thought forms? _____

Type(s) of negative energy _____

7. **WOLFPACKS** YES _____ NO _____

How many? _____

Type(s) of negative energy _____

8. **UNWANTED INFLUENCING ENERGY** YES _____ NO _____

9. **PORTALWAY(S) TO NEGATIVE ASTRALS** YES _____ NO _____

How many? _____

Location of portalway(s) _____

10. **OUTDATED LAND ASSIGNMENT:**

Burial ground YES _____ NO _____

Sacred site YES _____ NO _____

Battleground YES _____ NO _____

11. **IS THIS PROPERTY BUILT ON (INDIGENOUS) LAND PROTECTED BY ANCESTRAL SPIRITS?** YES _____ NO _____

