



THE NAVAJO NATION

The following ceremony (ies) WILL be performed:

AMOUNT: \$ _____

Veterans' Signature Date
SS#: _____
ADDRESS: _____

CENSUS#: _____

Medicine Mans' Signature Date
SS#: _____
ADDRESS: _____

CENSUS#: _____

CERTIFICATION:

I, _____ hereby certify that I will receive the healing ceremony to be conducted by _____ on the following date _____.

Medicine Man

Veterans' Signature