

CONFIDENTIAL CLIENT QUESTIONNAIRE

(Return by E-Mail or surface E-mail . Use additional paper if necessary.)

Full Name _____

Birth Data:

Date _____ Month _____ Year _____

Birth Place:

City _____ Country _____ State _____

Birth Time _____ A.M. OR P.M. (from Birth Certificate or other reliable records)

Formal Education:

Training in Arts or Science:

Religious and Spiritual Training:

Hobbies or Special Interests:

Personal Data: Marriage(s) and/or Primary Relationship(s): Dates, etc.

Birth Dates and Sex of Children:

Employment History (dates jobs began and ended; description of responsibilities):

WHAT IS THE MOST IMPORTANT THING YOU WANT THIS READING TO HELP YOU ACHIEVE?
(Please use an additional sheet of paper, if necessary.)

PLEASE READ, SIGN and RETURN WITH YOUR ORDER

I hereby request you to inform me concerning the planetary forces active on the date of my birth and at other times during my life, as they are mapped by the Natal/Progressed Positions and Aspects of Scientific Hermetic Astrology. I affirm that my birth data, and whatever other information I supply on the Questionnaire, is accurate to the best of my knowledge.

In furnishing me this Astrological information, I understand that you obtain it from charts accurately computer-calculated using the Astrodyne method. I also understand that the Reading is NOT a computer-generated report, but rather an expert professional consultation personally recorded by you on audio cassette tapes.

I also understand that I am not asking you to "tell my fortune" in any sense, nor do I understand that you attempt or claim to do so. Instead, I realize that you will furnish me with thorough insight and understanding which, if I choose to act upon it, will enable me to have more complete self-knowledge and thereby improve my life experience.

Sincerely,

_____/_____
Signature Date (Print Name)

Mailing Address: Street, City, State & Zip

Area Code & Telephone Number Email

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