

GUIDELINES FOR WRITING A TESTIMONY

1. PRINT YOUR NAME, ADDRESS, PHONE # AND EMAIL SO WE CAN FOLLOW UP WITH YOU.
 2. DATE OF YOUR TESTIMONY.
 3. WRITE THE SPECIFIC REASON WHY YOU PRAYED TO SR. MARIE de MANDAT-GRANCEY, DC, AND ONLY TO SR. MARIE de MANDAT-GRANCEY, DC. WRITE WHAT YOU SPECIICALLY ASKED OF GOD THROUGH THE INTERCESSION OF SISTER MARIE. INCLUDE WHAT YOUR SITUATION WAS INCLUDING AS MUCH FACTUAL DATA AS POSSIBLE AND THE DATE WHEN YOU BEGAN TO ASK FOR HER INTERCESSION.
 4. WRITE HOW YOU ASKED SR. MARIE FOR HER INTERCESSION. (PRAYER CARD, PRAYER TO HER FROM YOUR HEART, IN A PRAYER GROUP, ETC.) STATE DATE AND YEAR YOU BEGAN YOUR PRAYER TO HER AND DATE YOUR PRAYER WAS ANSWERED. INCLUDE IF OTHER PEOPLE ALSO ASKED SR. MARIE FOR HER INTERCESSION ON YOUR BEHALF.
 5. WRITE THE RESULT OF YOUR PRAYER TO SR. MARIE AND IF YOU BELIEVE SHE ANSWERED YOUR PRAYER. STATE IT CLEARLY WITH DETAILS SR. MARIE'S NTERCESSION FOR YOU WITH AS MANY FACTS AS POSSIBLE.
 6. INCLUDE YOUR RESPONSE OF THIS FAVOR FROM SISTER MARIE.
- * IF THIS A MEDICAL FAVOR:**
- HAVE THREE OTHER PEOPLE VERIFY WHAT YOUR CONDITION WAS BEFORE YOU PRAYED TO SR. MARIE.
 - EACH PERSON MUST VERIFY YOU ACTUALLY ASKED SR. MARIE FOR THIS MEDICAL INTERCESSION.
 - EACH PERSON MUST VERIFY YOU HAVE RECEIVED SR., MARIE'S INTERCESSION FOR YOUR MEDICAL CONDITION.
 - EACH PERSON MUST INCLUDE THEIR NAME, ADDRESS, PHONE #, AND EMAIL FOR FOLLOW UP CONTACT.
 - EACH OF THEIR TETIMONY'S MUST BE NOTARIZED.
7. NOTARIZE YOUR TESTIMONY INCLUDING YOUR SIGNATURE.
 8. MAKE COPIES OF EVERY PAGE AND KEEP A SET OF THESE COPIES IN A SAFE PLACE AT HOME.
 9. POST NOTARIZED TESTIMONY (be sure you have completed each step prior mailing) WITH ALL ADDITIONAL MEDICAL RECORDS AND ALL DOCUMENTS TO VERIFY YOUR CLAIM OF A FAVOR FROM SR. MARIE de MANDAT-GRANCEY to :

Sr. Marie de Mandat -Grancey Foundation
PO Box # 275
Cold Spring Harbor, NY 11724