



INSANITY CERTIFICATE NO. 2

You've paid for your knowledge of the Cthulhu Mythos with your sanity, and you might as well get a receipt. This handsome certificate from Sefton Asylum, where at least one of Herbert West's victims ended up, is suitable for framing, or can go in the patient's permanent medical records.



ARKHAM MASS.

FOR THE TREATMENT OF MENTAL ILLNESS

Know ye, whereas
Walter Forsythe
 of
Arkham, Massachusetts
 has been examined by the staff of this institution and found to be
severely afflicted with the mental condition(s) noted below;
now, therefore, with reference thereto, this
Certification of Insanity
is duly issued this 29th *day of* April *in the year* 1927
in testimony whereof, we have hereunto set our hands.

Vincent Headnick Simona Garrett
ASYLUM DIRECTOR ASYLUM REGISTRAR

* CHECK ALL THAT APPLY:

<input type="checkbox"/> SCHIZOPHRENIA	<input type="checkbox"/> DEPERSONALIZATION DISORDER	<input type="checkbox"/> HYPOCHONDRIASIS
<input type="checkbox"/> DEMENTIA PRÆCOX	<input type="checkbox"/> TILLINGHASTS COMPLAINT	<input type="checkbox"/> INTERMITTENT EXPLOSIVE DISORDER
<input type="checkbox"/> DELUSIONS	<input type="checkbox"/> XENOPHARMACOPHILIA	<input type="checkbox"/> MULTI-INFARCT DEMENTIA
<input type="checkbox"/> RAMANIA	<input type="checkbox"/> HOSIOMANIA	<input type="checkbox"/> EMPTONOPHOBIA
<input type="checkbox"/> FUGUE	<input type="checkbox"/> HALUCINATIONS	<input type="checkbox"/> AGATOPHOBIA
<input type="checkbox"/> DYSMANIC MANIA	<input type="checkbox"/> VISUAL	<input type="checkbox"/> NYCTOPHOBIA
<input type="checkbox"/> DISSOCIATIVE IDENTITY DISORDER	<input type="checkbox"/> AUDITORY	<input type="checkbox"/> OTHER PHOBIA (SPECIFY)
<input type="checkbox"/> (MULTIPLE PERSONALITY DISORDER)	<input type="checkbox"/> HIC (HARSH)	<input type="checkbox"/> MEGALOMANIA
<input type="checkbox"/> POST-TRAUMATIC STRESS DISORDER	<input type="checkbox"/> OBSESSIVE-COMPULSIVE DISORDER	<input type="checkbox"/> REPETITIVE SELF-HARM SYNDROME
<input type="checkbox"/> DYSCOMNIA	<input type="checkbox"/> PANIC DISORDER	<input type="checkbox"/> PYROMANIA
<input type="checkbox"/> NEURASTHENIA	<input type="checkbox"/> GLOSSOLALIA	<input type="checkbox"/> PARANOMIA
<input type="checkbox"/> MORBID WINEVICALITY	<input type="checkbox"/> SEPARATION ANXIETY	<input type="checkbox"/> PARANOMIA (SPECIFY)
<input type="checkbox"/> TRICHOTILLOMANIA	<input type="checkbox"/> HYSTERICAL ANALYSIS	<input type="checkbox"/> REACTIVE ATTACHMENT DISORDER
<input type="checkbox"/> ANRESIA	<input type="checkbox"/> ABJECT DENIAL	<input type="checkbox"/> SCHIZOAFFECTIVE DISORDER
<input type="checkbox"/> CATATONIA	<input type="checkbox"/> SLEEP TERROR DISORDER	<input type="checkbox"/> SELECTIVE MUTISM
		<input type="checkbox"/> OTHER (SPECIFY)

CERTIFICATE No. 829831 CONDITION IS (CHECK ONE):
 TEMPORARY TREATABLE INCURABLE
 CERTIFICATE IS HARMFUL TO (CHECK ALL THAT APPLY):
 SELF OTHERS

FORM HPLHS-IC-09 82007 HPLHS, INC. ALL RIGHTS RESERVED.

Use Acrobat form fields to enter the name, city and state of residence, date, and certificate number. If necessary, you can specify pica, phobia, paraphilia and other conditions with form fields. You can use the signature form fields or delete the default entries and sign the certificate by hand.

Print on white or off-white resume paper.

Check off all appropriate check boxes by hand.



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Setton Asylum

ARKHAM

FOR THE
TREATMENT
OF
MENTAL
ILLNESS

MASS.

Know ye, whereas

of

has been examined by the staff of this institution and found to be
sorely afflicted with the mental condition(s) noted below; *
now, therefore, with reference thereto, this

Certification of Insanity

is duly issued this _____ day of _____, in the year _____
in testimony whereof, we have hereunto set our hands.

ASYLUM DIRECTOR

ASYLUM REGISTRAR

* CHECK ALL THAT APPLY:

- | | | |
|---|--|--|
| <input type="checkbox"/> DEMENTIA PRÆCOX | <input type="checkbox"/> TILLINGHAST'S COMPLAINT | <input type="checkbox"/> PSYCHASTHENIA |
| <input type="checkbox"/> DELUSIONS | <input type="checkbox"/> XENOPHARMACOPHILIA | <input type="checkbox"/> INTERMITTENT EXPLOSIVE DISORDER |
| <input type="checkbox"/> PARANOIA | <input type="checkbox"/> MONOMANIA | <input type="checkbox"/> MULTI-INFARCT DEMENTIA |
| <input type="checkbox"/> PSYCHOGENIC FUGUE | <input type="checkbox"/> HALLUCINATIONS | <input type="checkbox"/> EPISTOMOPHOBIA |
| <input type="checkbox"/> DYSPHORIC MANIA | <input type="checkbox"/> VISUAL | <input type="checkbox"/> AGATEPHOBIA |
| <input type="checkbox"/> DISSOCIATIVE IDENTITY DISORDER | <input type="checkbox"/> AUDITORY | <input type="checkbox"/> NYCTOPHOBIA |
| <input type="checkbox"/> INVOLUTIONAL MELANCHOLIA | <input type="checkbox"/> PICA (ELABORATE) | <input type="checkbox"/> OTHER PHOBIA (SPECIFY) |
| <input type="checkbox"/> POST-TRAUMATIC STRESS DISORDER | <input type="checkbox"/> OBSSIVE-COMPULSIVE DISORDER | <input type="checkbox"/> MEGALOMANIA |
| <input type="checkbox"/> DYSSOMNIA | <input type="checkbox"/> PANIC DISORDER | <input type="checkbox"/> PARAGRAPHIA |
| <input type="checkbox"/> NEURASTHENIA | <input type="checkbox"/> GENERAL CACOCHEMY | <input type="checkbox"/> PARAPHILIA (SPECIFY) |
| <input type="checkbox"/> MORBID WHIMSICALITY | <input type="checkbox"/> SEPARATION ANXIETY | <input type="checkbox"/> REACTIVE ATTACHMENT DISORDER |
| <input type="checkbox"/> TRICHOTILLOMANIA | <input type="checkbox"/> HYSTERICAL PARALYSIS | <input type="checkbox"/> ENAMORATE DELIRIUM (CHUMP SYNDROME) |
| <input type="checkbox"/> AMNESIA | <input type="checkbox"/> REPETITIVE SELF-HARM SYNDROME | <input type="checkbox"/> PHRENITIS |
| <input type="checkbox"/> CATATONIA | <input type="checkbox"/> ABJECT DENIAL | <input type="checkbox"/> SELECTIVE MUTISM |
| <input type="checkbox"/> DEPERSONALIZATION DISORDER | <input type="checkbox"/> SLEEP TERROR DISORDER | <input type="checkbox"/> OTHER (SPECIFY) |

CERTIFICATE NO:

CONDITION IS (CHECK ONE):

- TEMPORARY TREATABLE INCURABLE

CERTIFICANT IS HARMFUL TO (CHECK ALL THAT APPLY):

- SELF OTHERS