

## My Story – Apple Users

*Thank you for your interest in receiving Restoring the Foundations (RTF) ministry. You are about to embark on a life-changing journey that will draw you closer to the heart of Father God.*

*Please fill out the following 'My Story' application as honestly and as completely as you can, and return it as soon as possible.*

### **INSTRUCTIONS FOR APPLE USERS FOR THE 'MY STORY' APPLICATION:**

Please know that Apple or Mac computers have a native pdf file reader called Apple Reader that will open the 'My Story' and allow you to fill it in. However, when you save it and email it to us the Apple Reader typically deletes all your hard work. To save yourself from heartbreak and a lot of extra work, please do not use Apple Reader to edit and save your information.

To prevent this from happening we strongly recommend you use the following steps:

1. Open the 'My Story' document in this email using Mozilla Firefox, Google Chrome, or another non-Apple browser.
2. Save the 'My Story'. Copy the exact file name. Then close that document.
3. Open Adobe Reader. Then choose to open the document, in Adobe Reader, using the exact file name. That will open it up in Adobe Reader. You will know you have opened the document in Adobe Reader if you see the Adobe icon at the top of the page.
4. Then go ahead and fill in the 'My Story' saving as you go.
5. Open a NEW email and attach your saved 'My Story' found on your desktop to your email and send it to your HHN ministers or to the HHN Office.

### **FOR THOSE RECEIVING MINISTRY FROM HHN RTF MINISTERS:**

Do One of the Following:

1. Save your finished 'My Story' onto your computer and then send it as a PDF attachment to the email address given to you by your RTF ministers.
2. Print a copy of your finished 'My Story' and mail it to your RTF ministers. [download Adobe Reader 10.0 or higher only at adobe.com.](http://www.adobe.com)

# RESTORING THE FOUNDATIONS EST. INTERNATIONAL 1990

## **THE HEART**

The heart of RTF Ministries is to help you fulfill the two greatest commandments, "You shall love the Lord your God with all your heart, soul and mind," and "love your neighbor as yourself" (*Matthew 22:37-40*). It is our fervent prayer and sincere hope that you will receive the healing, deliverance, and freedom God desires for you to have now and forever so that you will fulfill His commands to love Him and to love others.

## **THE PURPOSE**

The purpose of this Application is to help you and your Ministry Team identify the Sins of the Fathers and Resulting Curses, and negative patterns that may be hindering you, as well as those areas in your heritage or in your life that lead to Ungodly Beliefs and/or Soul/Spirit Hurts, and/or openings for Demonic Oppression.

## **PLEASE USE BLACK INK ONLY - PRINT ALL INFORMATION - DO NOT WRITE IN MARGINS**

*Please fill out these forms as honestly and as completely as you can and return them to your RTF ministers as soon as possible.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street and/or P.O. Box Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex Male:  Female:  Date of Birth: \_\_\_\_\_

## **YOUR MINISTRY GOALS:**

*For what issues would you would like to receive RTF ministry?*

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**HAVE YOU EVER RECEIVED RTF MINISTRY BEFORE?** *If yes, when and with whom and for what issue(s):*

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## EXPECTATIONS OF YOUR COMMITMENT

Your Restoring the Foundations Ministry Team will be making a major commitment to you: first as they schedule their time to be available to you: and also as they pray, prepare, and then minister to you. Likewise, it is expected that you will be committed to obtaining the maximum benefit possible from your ministry time. You can facilitate this by being on time to ministry sessions and by completing assignments given to you as part of your ministry. Most of all, it is expected that you will have a sincere desire to overcome whatever problems are hindering you, and that you will cooperate fully with the Restoring the Foundations Ministers and with the Holy Spirit, in order to maximize your receiving God's help.

We ask you, by your signature, to commit to a minimum of one month of serious prayer and Bible time following the completion of your ministry. We would recommend that this time include prayer time, Bible reading, and meditation on your new Godly Beliefs and new Godly Identity Statements.

We also ask you to agree to call your ministry team two weeks and four weeks after your ministry, to share your progress, to obtain any needed prayer and support, and to be accountable as you meditate on your Godly Beliefs and Godly Identity Statements.

## REFERRAL

If your RTF team is not equipped or able to minister to your particular needs, or if you need longer term ministry, they in conjunction with your spiritual oversight and/or designated representatives(s) will do their best to help you find appropriate referral resources that may offer ongoing support and accountability where it could benefit you.

## WAIVER OF LIABILITY

I understand that I will be seeing Restoring the Foundations Ministers who will be able to listen, support, encourage, pray with, and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept that they are not licensed or professional pastors or counselors, that they minister by the Christian Bible and that they may/may not be ordained and/or full-time ministers, pastors or counselors. **I acknowledge that all ministry is under the direction and control of the Holy Spirit, and that no guarantees are made, nor can be made, by anyone or by any organization that I will or will not receive any particular healing. Thus I waive all rights to claims of liability.**

## WAIVER OF CONFIDENTIALITY

I am aware that all statements that I shall make to the Restoring the Foundations Ministers are of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, **I waive my right to confidentiality** at the discretion of the Restoring the Foundations Ministers, particularly for the following situations:

- I accept that my ministry team may consult with their oversight team to help their ministry to me.
- I accept that my ministers' oversight team and my spiritual oversight may be informed of any ongoing willful sin in which I am involved, if I am unrepentant.
- I accept and acknowledge that pastors, counselors, Restoring The Foundations Ministers, or any other persons involved in working with adults and children in a helping setting, are either encouraged or required by law to disclose to the appropriate person, agency, or civil authority, any harm or potential harm that a person may attempt or desire to do to himself or to others.
- I accept and acknowledge that they are also required to report any reasonable suspicion of physical or sexual abuse that has been done, or that is being done, to a minor child, spouse, or any other person.
- I accept that the Restoring the Foundations Ministers reserve the right to make such reports as mandated by law, whether or not they confer with me first even though it is their first desire.

**By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Confidentiality and that I accept the stated conditions and limits of confidentiality. Further, I agree to the "Expectations of Your Commitment," including the post-ministry prayer, Bible reading, meditation for a minimum of 30 days on my Godly Beliefs and True Identity Statements, and the two and four week progress report.**

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Signature

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Date

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Printed Name

## PERSONAL INFORMATION

The following information will help your ministry team focus more clearly on the areas that you desire to work on in ministry. Please answer each question as completely and carefully as you can. This will become a part of your confidential file.

Occupation: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Employed by: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Remarried \_\_\_

If married, does your spouse desire ministry? Yes \_\_\_ No \_\_\_ If not, please explain:

Presently living with: Parents \_\_\_ Spouse \_\_\_ Alone \_\_\_ Other (Please specify) \_\_\_\_\_

## MARITAL INFORMATION

Name of spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

**Marriage(s): Please give the following information for your marriage(s).**

Date Married	Your Age	Their Age	Spouse's Name	Duration	Reason that it Ended

**Children: Please give the following information about each of your children.**

Name	Age	Sex	Which Marriage?	Dependent?	Married?	Still Alive?	Age/Cause of Death

## EDUCATIONAL INFORMATION

(Mark last year of school completed)

Grade school: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_

High School: 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_

College: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6+ \_\_\_

Degrees: \_\_\_\_\_

Has Any Event In Your Life Interrupted Your Attempts To Achieve Your Educational Goals?

## **SPIRITUAL/RELIGIOUS INFORMATION**

Have you made a commitment to Christ as Lord and Savior?

Yes\_\_\_ No\_\_\_ When?\_\_\_\_\_

Please Tell What Happened:

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Please List Your Current And All Previous Church Affiliations, Including Length Of Time:

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In Addition, Please Give Your Reason For Leaving Any Of The Above Churches If It Was Significant:

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Describe Your Present Relationship With The Lord:

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List The Main Issues In Your Life You And God Are Working On At This Time:

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## COUNSELING INFORMATION

Have you ever been in counseling/therapy/mental health care? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

With whom? \_\_\_\_\_

For what reason(s)? \_\_\_\_\_

Have you ever taken medication prescribed for emotional reasons? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

For what reason(s)? \_\_\_\_\_

What medication? \_\_\_\_\_

## MEDICAL INFORMATION

Are you currently receiving medical treatment? Yes \_\_\_ No \_\_\_

For what purpose? \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_ No \_\_\_

When? \_\_\_\_\_ What drugs? \_\_\_\_\_

Have you ever had any major operations? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Reason? \_\_\_\_\_

Do you have any mental/physical handicaps? Yes \_\_\_ No \_\_\_

Please Describe: \_\_\_\_\_

Is your spouse suffering from any mental/physical conditions or handicaps? Yes \_\_\_ No \_\_\_

Please Describe: \_\_\_\_\_

Are you dealing with any serious physical issue right now? Yes \_\_\_ No \_\_\_

Please Describe: \_\_\_\_\_

## YOUR BIRTH INFORMATION

*Check any of the following situations were present from the time of your conception through the time of your birth.*

- |   |  |
|---|--|
| <input type="checkbox"/> 1. My mother dieted during her pregnancy.              | <input type="checkbox"/> 14. My mother did not want me.                          |
| <input type="checkbox"/> 2. My mother took drugs during her pregnancy.          | <input type="checkbox"/> 15. My father did not want me.                          |
| <input type="checkbox"/> 3. My mother smoked during her pregnancy.              | <input type="checkbox"/> 16. I was given up for adoption.                        |
| <input type="checkbox"/> 4. My mother drank alcohol during her pregnancy.       | <input type="checkbox"/> 17. I was the next child after miscarriage or abortion. |
| <input type="checkbox"/> 5. My mother drank caffeine during her pregnancy.      | <input type="checkbox"/> 18. I was conceived out of wedlock.                     |
| <input type="checkbox"/> 6. My mother experienced trauma during pregnancy.      | <input type="checkbox"/> 19. There were premature delivery complications.        |
| <input type="checkbox"/> 7. My mother was raped and I was conceived.            | <input type="checkbox"/> 20. I was a breech delivery.                            |
| <input type="checkbox"/> 8. My mother was in poor health during pregnancy.      | <input type="checkbox"/> 21. The cord was around my neck during delivery.        |
| <input type="checkbox"/> 9. My mother lost a loved one during her pregnancy.    | <input type="checkbox"/> 22. I was delivered by forceps.                         |
| <input type="checkbox"/> 10. My father died or left during the pregnancy.       | <input type="checkbox"/> 23. I was born by induced labor.                        |
| <input type="checkbox"/> 11. There was a lot of fighting in the home.           | <input type="checkbox"/> 24. I suffered loss of oxygen during delivery.          |
| <input type="checkbox"/> 12. My parents were too young; not ready for children. | <input type="checkbox"/> 25. I was delivered by a C-section.                     |
| <input type="checkbox"/> 13. My parents wanted a child of the opposite sex.     |  |

**Other:**

## PARENTAL RELATIONSHIPS

Natural Parents: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Never married \_\_\_

Rate your parent's marriage: Unhappy \_\_\_ Average \_\_\_ Happy \_\_\_ Very Happy \_\_\_

If parents separated or divorced, how old were you at the time of the divorce? \_\_\_\_\_

Father remarried when you were age \_\_\_\_\_ Mother remarried when you were age \_\_\_\_\_

You lived with: Mother \_\_\_ Father \_\_\_ Foster \_\_\_ Other Family Member \_\_\_ Whom? \_\_\_\_\_

Step-Parents (if applicable): Married \_\_\_ Separated \_\_\_ Divorced \_\_\_

Father deceased? Yes \_\_\_ No \_\_\_ How old were you at the time? \_\_\_\_\_

Mother deceased? Yes \_\_\_ No \_\_\_ How old were you at the time? \_\_\_\_\_

What Kind Of Relationship Did/Do You Have With Your Father?

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What Kind Of Relationship Did/Do You Have With Your Mother?

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On A Scale Of 1 To 10, Indicate How Much Each Parent Loved You: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

*Write three things you dislike about each of the following people:*

My Father	1.
	2.
	3.
My Mother	1.
	2.
	3.
My Spouse	1.
	2.
	3.
Myself	1.
	2.
	3.
God	1.
	2.
	3.

**WHAT ISSUES HAVE PROMPTED YOU TO SEEK MINISTRY AT THIS TIME?**

<b>REASON</b>	<b>Age Started?</b>	<b>REASON</b>	<b>Age Started?</b>	<b>REASON</b>	<b>Age Started?</b>
Abuse		Fears		Relationships – hurtful	
Addiction		Financial/Legal		Self-esteem	
Anger/Aggression		Grief		Sexual Issues	
Church Issues		Loneliness		Spiritual Concerns	
Compulsions		Loss		Stress/Anxiety	
Depression		Parental/Family/Child		Suicide Thoughts/Attempts	
Divorce/Separation		Phobia		Trauma	
Emotional Abandonment		Premarital/Marital		Vocation	

Please Comment:

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Please List Any Other Issue Not Listed Above:

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Who In Your Life Has Caused You The Most Pain Or Disappointment? Give An Example Of How It Happened:

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## BELIEFS ABOUT MYSELF

Read the following belief statements, and check (✓) the ones that you relate to, or agree with. Please make adjustments or alterations to any of the words to help make the belief fit you.

### Theme: Rejection, Not Belonging

- 1. I don't belong. I will always be on the outside (left out).
- 2. My feelings don't count. No one cares what I feel.
- 3. No one will love me or care about me just for myself.
- 4. I will always be lonely. The special man (woman) in my life will not be there for me.
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

### Theme: Unworthiness, Guilt, Shame

- 1. I am not worthy to receive anything from God.
- 2. I am the problem.
- 3. When something is wrong, it is my fault.
- 4. I am a bad person.
- 5. If you knew the real me, you would reject me.
- 6. I must wear a mask so that people won't find out how horrible I am and reject me.
- 7. I have messed up so badly that I have missed God's best for me.
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_

### Theme: Doing to Achieve Self-Worth, Value, Recognition

- 1. I will never get credit for what I do.
- 2. My value is in what I do.
- 3. I am valuable because I do good to others.
- 4. Even when I do/give my best, it is not good enough. I can never meet the standard.
- 5. God doesn't care if I have a 'secret life', as long as I appear to be good.
- 6. I'm a failure if I don't get things done.
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

### Theme: Control (to avoid hurt)

- 1. I have to plan every day of my life.
- 2. I have to continually plan/strategize. I can't relax.
- 3. The perfect life is one in which no conflict is allowed, and so there is peace.
- 3. I must isolate myself so that I won't be vulnerable to hurt, rejection, etc., any more.
- 4. I must be passive in order to avoid conflict that would risk others' disapproval.
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

### Theme: Physical

- 1. I am unattractive. God shortchanged me.
- 2. I am doomed to have certain physical disabilities.
- 3. It is impossible to lose weight (or gain weight). I am just stuck.
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

### Theme: Personality Traits

- 1. I will always be \_\_\_\_\_ (angry, shy, jealous, insecure, fearful, etc.)
- 2. I will never be \_\_\_\_\_ (likable, lovable, happy, safe, content, etc.)
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Theme: Identity**

- \_\_\_\_\_ 1. I should have been a boy (girl), then my parents would have valued/loved me more.
- \_\_\_\_\_ 2. \_\_\_ Men \_\_\_ women have it better.
- \_\_\_\_\_ 3. I am not complete as a \_\_\_ man \_\_\_ woman .
- \_\_\_\_\_ 4. I will never be known or appreciated for my real self.
- \_\_\_\_\_ 5. I will never really change and be as God wants me to be.
- \_\_\_\_\_ 6. I'm not good enough.
- \_\_\_\_\_ 7. I'm not special.
- \_\_\_\_\_ 8. \_\_\_\_\_
- \_\_\_\_\_ 9. \_\_\_\_\_

**Theme: Miscellaneous**

- \_\_\_\_\_ 1. I have wasted a lot of time and energy, some of my best years.
- \_\_\_\_\_ 2. Turmoil will always be normal for me.
- \_\_\_\_\_ 3. I will always have financial problems.
- \_\_\_\_\_ 4. I just don't have the (time, energy, resources, \_\_\_\_\_) to fully follow God.
- \_\_\_\_\_ 5. \_\_\_\_\_
- \_\_\_\_\_ 6. \_\_\_\_\_

**Theme: Sonship**

- \_\_\_\_\_ 1. No one will ever love me enough to take care of me.
- \_\_\_\_\_ 2. Other people don't meet my standards so I must do it myself.
- \_\_\_\_\_ 3. It's not safe to submit myself to someone else.
- \_\_\_\_\_ 4. The best way to survive is to ( \_\_\_ avoid, \_\_\_ overpower ) other people.
- \_\_\_\_\_ 5. Other people can't be trusted because sooner or later they will just let you down.
- \_\_\_\_\_ 6. I'm all alone.
- \_\_\_\_\_ 7. I will always need to be strong in order to protect and defend myself.
- \_\_\_\_\_ 8. Something is wrong with me.
- \_\_\_\_\_ 9. The significant people in my life are not there for me and will not be there when I need them.
- \_\_\_\_\_ 10. I will never be a priority with those in authority over me.
- \_\_\_\_\_ 11. \_\_\_\_\_
- \_\_\_\_\_ 12. \_\_\_\_\_

**BELIEFS ABOUT OTHERS**

**Theme: Safety/Protection**

- \_\_\_\_\_ 1. I must be very guarded about what I say, since anything I say may be used against me.
- \_\_\_\_\_ 2. I have to guard and hide my emotions and feelings.
- \_\_\_\_\_ 3. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me.
- \_\_\_\_\_ 4. I will never be vulnerable, humiliated, or shamed again.
- \_\_\_\_\_ 5. The only person I can really trust is myself.
- \_\_\_\_\_ 6. \_\_\_\_\_
- \_\_\_\_\_ 7. \_\_\_\_\_

**Theme: Victim**

- \_\_\_\_\_ 1. Authority figures will humiliate me and violate me.
- \_\_\_\_\_ 2. I will always be used and abused by other people.
- \_\_\_\_\_ 3. My value is based totally on others' judgment/perception about me.
- \_\_\_\_\_ 4. I am completely under their authority. I have no will or choice of my own.
- \_\_\_\_\_ 5. I will not be known, understood, loved, or appreciated for who I am by those close to me.
- \_\_\_\_\_ 6. I'm a victim of my circumstances and there is no hope of change.
- \_\_\_\_\_ 7. I always get less ( \_\_\_ respect, \_\_\_ understanding, \_\_\_ love, \_\_\_ other) than other people.
- \_\_\_\_\_ 8. \_\_\_\_\_
- \_\_\_\_\_ 9. \_\_\_\_\_

**Theme: Hopelessness/Helplessness**

- 1. I am out there all alone. If I get into trouble or need help, there is no one to rescue me.
- 2. I have made such a mess of my life, there is no use going on.
- 3. I don't have a voice.
- 4. I am trapped and there's no way out.
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Theme: Retaliation**

- 1. The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.
- 2. I will make sure that \_\_\_\_\_ hurts as much as I hurt!
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Theme: Defective in Relationships**

- 1. I will never be able to fully give or receive love. I don't know what it is.
- 2. If I let anyone get close to me, I may get my heart broken again. I can't let myself risk it.
- 3. If I fail to please you, I won't receive your pleasure and acceptance of me.
- 4. I must strive (perfectionism) to do whatever is necessary to try to please you.
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Theme: God**

- 1. God loves other people more than He loves me.
- 2. God only values me for what I do. My life is just a means to an end.
- 3. I am a disappointment to God.
- 4. No matter how much I try, I'll never be able to do enough nor do it well enough to please God.
- 5. God is judging me when I relax. I have to stay busy about His work or He will abandon me.
- 6. God has let me down before. He may do it again.
- 7. I can't trust Him or feel secure with Him.
- 8. My past has ruined me to the point I can never be used by God.
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

Please put a check mark (✓) under the (A) ancestral/family column of the beliefs that are common in your ancestral/family line and under the (S) self column the beliefs in your own life.

**Theme: Generational Patterns**

- | <u>A</u>                 | <u>S</u>                 |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Always do it right. Never make a mistake. Be perfect.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Always remain in control of all behavior, feelings, and circumstances. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. When things do get out of control, get angry and blame someone else.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Always hide and maintain secrecy regarding anything.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Never acknowledge a mistake.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Never make yourself vulnerable to anyone or you will just get hurt.    |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Never cry or show emotion.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Never inconvenience others.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Never embarrass or disappoint others or yourself.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Never have a critical thought of others.                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Never lose at anything – second place is not good enough.             |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Be very wary of others because they cannot be trusted.                |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do everything you are asked and never complain.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Remember only the happy times.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. _____   |

## FAMILY BACKGROUND

FATHER

MOTHER

From what country or countries did your ancestors originally come?		
What prominent cultural and/or ethnic backgrounds are in your ancestral lines?		
What are the church backgrounds of your ancestors?		
Is it possible they were involved in unfair business practices?		
Is it possible they were involved in the occult?		

## FAMILY PATTERNS

*(Note: This includes your immediate family and your grandparents, great-grandparents, uncles, aunts.)*

1. What are some common negative behaviors and emotions in your family line?

*(example – controlling, anger, rebelliousness, people pleasing, fear of man, religiousness, shame, guilt, fear, rejection, etc.)*

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2. Which of these common behaviors and emotions are in your life also?

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*Please check all that apply to your family line.*

- Lack of intimacy (in marriage, other)
- Lack of communication between spouses
- Lack of communication between parents/child
- Men dominant over women
- Women dominant over men
- Broken marriages/divorce
- Family secrets
- Pride and arrogance
- Unfulfilled lives and/or destinies
- Men/women workaholics
- Success/failure cycles
- Deceptive business practices
- Business, financial, or other losses

- Children favored, idolized
- Children not valued, neglected
- Children taking care of parents
- Children dishonoring parents
- Co-dependency
- Chronic illness/sickness
- Premature deaths
- Most received salvation
- Most were not saved
- Idolatry of: \_\_\_\_\_
- Abuse: \_\_\_\_\_
- Addiction: \_\_\_\_\_
- Other: \_\_\_\_\_

**FAMILY TREE**  
**FATHER'S SIDE OF THE FAMILY**

**GGF** Name: \_\_\_\_\_  
**1.** DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GGM** Name: \_\_\_\_\_  
**2.** DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GGF** Name: \_\_\_\_\_  
**4.** DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GGM** Name: \_\_\_\_\_  
**5.** DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GF** Name: \_\_\_\_\_  
**3.** DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**GM** Name: \_\_\_\_\_  
**6.** DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**FAMILY TREE FACTS**  
*To help your Ministry Team understand your ancestors, please fill in the requested information for each of your two parents (F/M), your four grandparents (GF/GM), and your eight great grandparents (GGF/GGM) to the best of your knowledge. Please note that lack of this information will not hinder the ministry process.*

**FATHER**  
**7.** Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Known Sin Issues: \_\_\_\_\_

**ATTENTION:**  
 Please make a note under every person that has/had any of these known sin issues in their life:

1. Occult Involvement, including Masonic?  
If so, what level?
2. Any Miscarriages and/or Abortions?
3. Any Illegitimacy?
4. Any Idolatry?

# FAMILY TREE

## MOTHER'S SIDE OF THE FAMILY

**GGF**

Name:

**8.**

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_

Known Sin Issues: \_\_\_\_\_

**GF**  
**10.**

Name:

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_

Known Sin Issues: \_\_\_\_\_

**GGM**

Name:

**9.**

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_

Known Sin Issues: \_\_\_\_\_

**GGF**

Name:

**11.**

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_

Known Sin Issues: \_\_\_\_\_

**GM**  
**13.**

Name:

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_

Known Sin Issues: \_\_\_\_\_

**GGM**

Name:

**12.**

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_

Known Sin Issues: \_\_\_\_\_

### NAMES / AGES OF YOUR SIBLINGS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MOTHER

**14.**

Name:

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_

Known Sin Issues: \_\_\_\_\_

### ATTENTION:

Please make a note under every person that has/had any of these known sin issues in their life:

5. Occult Involvement, including Masonic?  
If so, what level?
6. Any Miscarriages and/or Abortions?
7. Any Illegitimacy?
8. Any Idolatry?

# OPEN DOORS

Please put a check mark (✓) **only** under the A (Ancestors) column if you know about, or have observed any of these characteristics, events or involvement in your immediate, extended, and/or **ancestral** family line. However, if any of these apply to you personally, in the S (Self) column put **only** 'C' for current or 'P' for past.

## SONSHIP INDICATORS

<u>A</u>	<u>S</u>	
_____	_____	<b>ABANDONMENT</b>
_____	_____	Abdication
_____	_____	Blocked Intimacy
_____	_____	Desertion
_____	_____	Divorce
_____	_____	Emotional Abandonment
_____	_____	Physical Abandonment
_____	_____	Isolation
_____	_____	Loneliness
_____	_____	Neglect
_____	_____	Not Wanted
_____	_____	Rejection
_____	_____	Separation
_____	_____	Unprotected
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	<b>ANGER</b>
_____	_____	Aggravation
_____	_____	Antagonism
_____	_____	Disappointment
_____	_____	Intolerance
_____	_____	Irritability
_____	_____	Feuding
_____	_____	Frustration
_____	_____	Hatred
_____	_____	Hostility
_____	_____	Murder
_____	_____	Rage
_____	_____	Resentment
_____	_____	Retaliation
_____	_____	Revenge
_____	_____	Spoiled Little Boy/Girl
_____	_____	Temper Tantrums
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>A</u>	<u>S</u>	
_____	_____	<b>BOUND EMOTIONS</b>
_____	_____	Blocked Emotions
_____	_____	Hindered Emotions
_____	_____	Numbness
_____	_____	Suppressed Emotions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	<b>NEGLECT</b>
_____	_____	Conditional Love
_____	_____	Lack of Acceptance
_____	_____	Lack of Affirmation
_____	_____	Lack of Attachment
_____	_____	Lack of Commitment
_____	_____	Lack of Communication
_____	_____	Lack of Encouragement
_____	_____	Lack of Guidance
_____	_____	Lack of Intimacy
_____	_____	Lack of Love
_____	_____	Lack of Nurture
_____	_____	Lack of Protection
_____	_____	Lack of Relationship
_____	_____	Lack of Security
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>A</u>	<u>S</u>	
_____	_____	<b>ORPHAN LIFESTYLE</b>
_____	_____	Disconnected
_____	_____	Discontent
_____	_____	Dissatisfaction
_____	_____	Fatherlessness
_____	_____	Motherlessness
_____	_____	Homelessness
_____	_____	Illegitimacy
_____	_____	Impatience
_____	_____	Inconsistency
_____	_____	Lack of Identity
_____	_____	Lack of Peace
_____	_____	Lack of Place
_____	_____	Lack of Trust
_____	_____	Loss of Inheritance
_____	_____	Restlessness
_____	_____	Searching
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	<b>PERFORMANCE</b>
_____	_____	Comparison
_____	_____	Competition
_____	_____	Coveting
_____	_____	Driving
_____	_____	Envy, Jealousy
_____	_____	People Pleasing
_____	_____	Perfectionism
_____	_____	Possessiveness
_____	_____	Rivalry
_____	_____	Striving
_____	_____	Striving for Approval
_____	_____	Striving for Praise
_____	_____	Workaholism
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>A</u>	<u>S</u>	
_____	_____	<b>PRIDE</b>
_____	_____	Above Contradiction
_____	_____	Arrogance
_____	_____	Conceit
_____	_____	Egotistical
_____	_____	Haughtiness
_____	_____	Leviathan
_____	_____	Prejudice
_____	_____	Self-Centeredness
_____	_____	Self-Importance
_____	_____	Self-Righteousness
_____	_____	Superiority
_____	_____	Suppression of Others
_____	_____	Unteachable
_____	_____	Vanity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	<b>REBELLION</b>
_____	_____	Contempt
_____	_____	Deception
_____	_____	Defiance
_____	_____	Dishonor
_____	_____	Disobedience
_____	_____	Disrespect
_____	_____	Independence
_____	_____	Insubordination
_____	_____	Mistrust
_____	_____	Resistance
_____	_____	Self-Reliance
_____	_____	Self-Sufficiency
_____	_____	Self-Will
_____	_____	Stubbornness
_____	_____	Undermining
_____	_____	Unsubmissiveness
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>A</u>	<u>S</u>	
_____	_____	<b>REJECTION</b>
_____	_____	Expected Rejection
_____	_____	Indirect Rejection
_____	_____	Perceived Rejection
_____	_____	Self-Rejection
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	<b>SHAME</b>
_____	_____	Blame-shifting
_____	_____	Embarrassment
_____	_____	Guilt
_____	_____	Hatred
_____	_____	Humiliation
_____	_____	Regret
_____	_____	Self-Accusation
_____	_____	Self-Condensation
_____	_____	Self-Hate
_____	_____	Self-Pity
_____	_____	of Adultery
_____	_____	of Anger
_____	_____	of being a Bad Boy/Girl
_____	_____	of Behaviors
_____	_____	of Being Different
_____	_____	of Condemnation
_____	_____	of Disgrace
_____	_____	of Illegitimacy
_____	_____	of Inferiority
_____	_____	of Masturbation
_____	_____	of Past
_____	_____	of Pornography
_____	_____	of Sexual Sins
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>A</u>	<u>S</u>	
_____	_____	<b>UNWORTHINESS</b>
_____	_____	Inadequacy
_____	_____	Inferiority
_____	_____	Insecurity
_____	_____	Self-Accusation
_____	_____	Self-Condensation
_____	_____	Self-Consciousness
_____	_____	Self-Hate
_____	_____	Self-Punishment
_____	_____	Self-Sabotage
_____	_____	Voicelessness
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	<b>VICTIMIZATION</b>
_____	_____	Abandonment
_____	_____	Betrayal
_____	_____	Control
_____	_____	Deportation
_____	_____	Helplessness
_____	_____	Hopelessness
_____	_____	Mistrust
_____	_____	Passivity
_____	_____	Predator
_____	_____	Prejudice
_____	_____	Self-Pity
_____	_____	Slave Mentality
_____	_____	Suspicion
_____	_____	Trapped
_____	_____	Trauma
_____	_____	Unfaithfulness
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



## GENERAL INDICATORS

<u>A</u>	<u>S</u>	
___	___	<b>ADDICTIONS/ DEPENDENCIES</b>
___	___	Alcohol
___	___	Excessive Caffeine/Nicotine
___	___	Computers/Internet
___	___	Downers/Uppers/Cocaine
___	___	Food
___	___	Gambling
___	___	Marijuana/Street Drugs
___	___	Masturbation
___	___	Non-prescription Drugs
___	___	Obsessive-Compulsive
___	___	Overspending/Shopping
___	___	Pornography
___	___	Prescription Drugs
___	___	Sex
___	___	Sleep Medication
___	___	Sports
___	___	Television/Video Games
___	___	_____
___	___	_____
___	___	_____

___	___	<b>ANXIETY</b>
___	___	Burden
___	___	False Responsibility
___	___	Fatigue
___	___	Impatience
___	___	Nervousness
___	___	Panic Attacks
___	___	Restlessness
___	___	Stress
___	___	Weariness
___	___	Worry
___	___	_____
___	___	_____
___	___	_____

___	___	<b>BITTERNESS</b>
___	___	Accusation
___	___	Blaming
___	___	Blame-shifting
___	___	Complaining
___	___	Condemnation
___	___	Criticalness
___	___	Gossip
___	___	Judging
___	___	Murmuring
___	___	Offended
___	___	Resentment
___	___	Ridicule
___	___	Slander
___	___	Unforgiveness
___	___	_____
___	___	_____
___	___	_____

<u>A</u>	<u>S</u>	
___	___	<b>CONTROL</b>
___	___	through Anger
___	___	through Anorexia
___	___	through Appeasement
___	___	through Being Nice & Sweet
___	___	through Blame-Shifting
___	___	through Bulimia
___	___	through Cutting
___	___	through Denial
___	___	through Domineering
___	___	through Double Binding
___	___	through Enabling
___	___	through False Responsibility
___	___	through Fear
___	___	through Flattery
___	___	through Intimidation
___	___	through Jealousy
___	___	through Justifying
___	___	through Lying
___	___	through Making People Feel Guilty
___	___	through Manipulation
___	___	through Passivity
___	___	through Possessiveness
___	___	through Pride (I know best)
___	___	through Selfishness
___	___	through Scheming
___	___	through Silent Treatments
___	___	through Threats
___	___	through Withdrawal
___	___	Ahab Control
___	___	Jezebel Control
___	___	Male Control
___	___	Female Control
___	___	Occult Control
___	___	Witchcraft Control
___	___	_____
___	___	_____
___	___	_____
___	___	_____
___	___	_____
___	___	_____
___	___	_____

<u>A</u>	<u>S</u>	
___	___	<b>DEATH</b>
___	___	Abaddon (Rev 9:11)
___	___	Abortion
___	___	Accidents
___	___	Death Assignment
___	___	Death Wish
___	___	Death to Destiny
___	___	Death to Dreams
___	___	Miscarriage
___	___	Murder
___	___	Premature Death
___	___	Suicide
___	___	Suicide Attempt
___	___	Suicide Fantasies
___	___	_____
___	___	_____
___	___	_____
___	___	_____

___	___	<b>DECEPTION</b>
___	___	Blindness
___	___	Cheating
___	___	Confusion
___	___	Denial
___	___	Delusion
___	___	Fraudulence
___	___	Gender Identity Confusion
___	___	Infidelity
___	___	Lying
___	___	Minimizing
___	___	Naïveté
___	___	Secretiveness (Family)
___	___	Self-Deception
___	___	Stealing
___	___	Treachery
___	___	Trickery
___	___	Untrustworthiness
___	___	_____
___	___	_____
___	___	_____
___	___	_____

<u>A</u>	<u>S</u>	
_____	_____	<b>DEPRESSION</b>
_____	_____	Dejection
_____	_____	Discouragement
_____	_____	Despair
_____	_____	Despondency
_____	_____	Gloominess
_____	_____	Hopelessness
_____	_____	Misery
_____	_____	Oversleeping
_____	_____	Sadness
_____	_____	Self-Pity
_____	_____	Suicide Attempt
_____	_____	Suicide Fantasies
_____	_____	Trapped
_____	_____	Withdrawal
_____	_____	_____
_____	_____	_____

_____	_____	<b>EMOTIONAL DEPENDENCY</b>
_____	_____	Co-Dependency
_____	_____	Enabling
_____	_____	False Responsibility
_____	_____	Parental Inversion
_____	_____	_____
_____	_____	_____

_____	_____	<b>PREJUDICE</b>
_____	_____	Antagonism
_____	_____	Antisemitism
_____	_____	Bias
_____	_____	Bigotry
_____	_____	Chauvinism
_____	_____	Disadvantage
_____	_____	Discrimination
_____	_____	Division
_____	_____	Exclusion
_____	_____	Favoritism
_____	_____	Hate Crime
_____	_____	Hatred
_____	_____	Inequality
_____	_____	Inequity
_____	_____	Injustice
_____	_____	Intolerance
_____	_____	One-sidedness
_____	_____	Partiality
_____	_____	Prejudgment
_____	_____	Racial Discrimination
_____	_____	Racial Fear
_____	_____	Racial Hatred
_____	_____	Racial Intolerance
_____	_____	Racial Prejudice
_____	_____	Sectarianism
_____	_____	Segregation
_____	_____	Unfairness
_____	_____	Victimization
_____	_____	Violence
_____	_____	Xenophobia

<u>A</u>	<u>S</u>	
_____	_____	<b>ESCAPE</b>
_____	_____	Apathy
_____	_____	Avoidance
_____	_____	Busyness
_____	_____	Daydreaming
_____	_____	Fantasy
_____	_____	Forgetfulness
_____	_____	Hiding
_____	_____	Hopelessness
_____	_____	Indifference
_____	_____	Isolation
_____	_____	Laziness
_____	_____	Oversleeping
_____	_____	Passivity
_____	_____	Procrastination
_____	_____	Suicide Fantasies
_____	_____	Trance
_____	_____	_____
_____	_____	_____

_____	_____	<b>FAILURE</b>
_____	_____	Success/Failure Cycle
_____	_____	Defeat
_____	_____	Loss
_____	_____	Performance
_____	_____	Pressure to Succeed
_____	_____	Striving
_____	_____	Unfulfilled Destiny
_____	_____	_____
_____	_____	_____

_____	_____	<i>(other)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>A</u>	<u>S</u>	
_____	_____	<b>FEAR</b>
_____	_____	Anxiety
_____	_____	Bewilderment
_____	_____	Burden
_____	_____	Dread
_____	_____	Harassment
_____	_____	Heaviness
_____	_____	Horror
_____	_____	Intimidation
_____	_____	Over-Sensitivity
_____	_____	Paranoia
_____	_____	Phobia
_____	_____	Superstition
_____	_____	Terror
_____	_____	Timidity
_____	_____	Torment
_____	_____	Worry
_____	_____	of Authorities
_____	_____	of Being Abused
_____	_____	of Being Alone
_____	_____	of Being Attacked
_____	_____	of Being Laughed At
_____	_____	of Being a Victim
_____	_____	of Being Wrong
_____	_____	of Conflict
_____	_____	of Death
_____	_____	of Demons
_____	_____	Of Dying Before my Time
_____	_____	of Exposure
_____	_____	of Failure
_____	_____	of the Future
_____	_____	of God Judging Me
_____	_____	of Heart Attack
_____	_____	of Inadequacy
_____	_____	of Infirmities
_____	_____	of Intimacy
_____	_____	of Looking Stupid
_____	_____	of Losing Control
_____	_____	of Loss
_____	_____	of Man
_____	_____	of Marriage
_____	_____	of not Being Good Enough
_____	_____	of not Having the Right Answer
_____	_____	of Performing
_____	_____	of Poverty
_____	_____	of Punishment
_____	_____	of Rejection
_____	_____	of Sexual Inadequacy
_____	_____	of There's Something Wrong with Me
_____	_____	of Submission
_____	_____	of Success
_____	_____	of the Unknown
_____	_____	of Violence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>A</u>	<u>S</u>	
		<b>FINANCIAL PROBLEMS</b>
_____	_____	Bankruptcy
_____	_____	Cheating
_____	_____	Covetousness
_____	_____	Debt
_____	_____	Deception
_____	_____	Delinquency
_____	_____	Dishonesty
_____	_____	Failure
_____	_____	Fraud
_____	_____	Greed
_____	_____	Hoarding
_____	_____	Idolatry of Possessions
_____	_____	Illegitimate Gain
_____	_____	Irresponsible Spending
_____	_____	Job Failures
_____	_____	Job Losses
_____	_____	Lack
_____	_____	Lost Inheritance
_____	_____	Love of Money
_____	_____	Neglect
_____	_____	Poverty
_____	_____	Robbing God (not tithing)
_____	_____	Selfish Ambition
_____	_____	Stealing
_____	_____	Stinginess
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	<b>GRIEF (unhealthy)</b>
_____	_____	Anguish
_____	_____	Crying
_____	_____	Despair
_____	_____	Disappointment
_____	_____	Heartbreak
_____	_____	Hope Deferred
_____	_____	Isolation
_____	_____	Loss
_____	_____	Pain
_____	_____	Regret
_____	_____	Sorrow
_____	_____	Torment
_____	_____	Weeping
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>A</u>	<u>S</u>	
		<b>IDENTITY ISSUES</b>
_____	_____	Bisexual
_____	_____	Confusion
_____	_____	Effeminate Males
_____	_____	Emos
_____	_____	Gender Confusion
_____	_____	Goth
_____	_____	Homosexuality
_____	_____	Lesbianism
_____	_____	Loss of Identity
_____	_____	Loss of Self
_____	_____	Masculine Females
_____	_____	Self-Deception
_____	_____	Self-Hate
_____	_____	Transgender
_____	_____	Transsexual
_____	_____	Transvestite
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	<b>IDOLATRY OF</b>
_____	_____	Appearance
_____	_____	Beauty
_____	_____	Children
_____	_____	Clothes
_____	_____	Education
_____	_____	Food
_____	_____	Intellectualism
_____	_____	Ministry
_____	_____	Money
_____	_____	Occupation
_____	_____	Position
_____	_____	Possessions
_____	_____	Power
_____	_____	Social Status
_____	_____	Sports
_____	_____	Spouse
_____	_____	Wealth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>A</u>	<u>S</u>	
		<b>INFIRMITIES/DISEASE</b>
_____	_____	Allergies/Hay Fever
_____	_____	Arthritis
_____	_____	Asthma
_____	_____	Barrenness/Miscarriage
_____	_____	Bone Problems
_____	_____	Cancer
_____	_____	Circulatory Problems
_____	_____	Dementia
_____	_____	Diabetes
_____	_____	Fatigue
_____	_____	Female Problems
_____	_____	Heart Problems
_____	_____	Joint Problems
_____	_____	Lung Problems
_____	_____	MS
_____	_____	Migraines
_____	_____	Physical Abnormalities
_____	_____	Sinus Problems
_____	_____	Teeth/Gum Problems
_____	_____	Viruses
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	<b>MENTAL CHALLENGES</b>
_____	_____	ADD/ADHD
_____	_____	Alzheimer's Disease
_____	_____	Bi-Polar Disorder
_____	_____	Confusion
_____	_____	Distraction
_____	_____	Forgetfulness
_____	_____	Hallucinations
_____	_____	Hysteria
_____	_____	Insanity
_____	_____	Mind Binding
_____	_____	Mind Blocking
_____	_____	Mind Racing
_____	_____	Obsessive-Compulsive
_____	_____	Paranoia
_____	_____	Schizophrenia
_____	_____	Senility
_____	_____	Stress Disorder
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



## OCCULT INDICATORS

<u>A</u>	<u>S</u>	
		<b>INVOLVEMENT WITH:</b>
_____	_____	Abortion ( <i>Molech</i> )
_____	_____	Absalom Spirit
_____	_____	Accident Proneness
_____	_____	Ahab Spirit
_____	_____	Animal Spirits
_____	_____	Antichrist
_____	_____	Astral Projection
_____	_____	Astrology
_____	_____	Automatic Writing
_____	_____	Behemoth
_____	_____	Black Magic
_____	_____	Bloody Mary ritual
_____	_____	Blood Pact, Oath, or Vow
_____	_____	Cast or receive a Spell or Hex
_____	_____	Clairvoyance
_____	_____	Conjuration
_____	_____	Crystal Ball
_____	_____	Demon Worship
_____	_____	Dispatching Demons
_____	_____	Divination
_____	_____	Drank Blood or Urine
_____	_____	Dungeons & Dragons
_____	_____	Eastern Meditation
_____	_____	Eight Ball
_____	_____	ESP
_____	_____	Evil Eye
_____	_____	False Gifts ( <i>Occult</i> )
_____	_____	Fortune Telling
_____	_____	Guru ( <i>Selected or been one</i> )
_____	_____	Hand Reading
_____	_____	Handwriting Analysis
_____	_____	Horoscopes
_____	_____	Horror Movies
_____	_____	Hypnosis
_____	_____	I Ching
_____	_____	Idolatry of _____
_____	_____	Incantations
_____	_____	Indian Occult Rituals
_____	_____	Jezebel
_____	_____	Leviathan
_____	_____	Levitation
_____	_____	Martial Arts
_____	_____	Mediumship
_____	_____	Mental Telepathy
_____	_____	Necromancy
_____	_____	Non-Christian Exorcism
_____	_____	Occult Books
_____	_____	Occult Control
_____	_____	Occult Dedications
_____	_____	Occult Jewelry
_____	_____	Occult Victim
_____	_____	Ouija Board
_____	_____	Pagan Fetishes
_____	_____	Palm Reading
_____	_____	Past Life Readings
_____	_____	Pendulum Readings
_____	_____	Psychic Healing
_____	_____	Psychic Readings
_____	_____	Python
_____	_____	Reading Tea Leaves
_____	_____	Reincarnation
_____	_____	Satanic Rock Music
_____	_____	Satanic Worship

<u>A</u>	<u>S</u>	
_____	_____	Séances
_____	_____	Shamanism
_____	_____	Sorcery
_____	_____	Sorcery ( <i>Books and movies</i> )
_____	_____	Spirit of Baccus (Mardi Gras)
_____	_____	Spirit Guide(s)
_____	_____	Spiritism
_____	_____	Suicide Death
_____	_____	Superstition
_____	_____	Table Tipping
_____	_____	Tarot Cards
_____	_____	Third Eye
_____	_____	TM
_____	_____	Trance
_____	_____	Used Mantras
_____	_____	Vampire ( <i>Books and movies</i> )
_____	_____	Visited Pagan Temples
_____	_____	Visited Indian Burial Grounds
_____	_____	Violent Rap Music
_____	_____	Voodoo
_____	_____	Water Witching
_____	_____	Werewolf
_____	_____	White Magic
_____	_____	Witchcraft
_____	_____	Witchcraft Books
_____	_____	Yoga (Kundalini)
_____	_____	_____
_____	_____	_____
_____	_____	_____

### ORGANIZATIONS:

_____	_____	Armstrong Radio Church
_____	_____	Bahai
_____	_____	Buddhism
_____	_____	Buffaloes
_____	_____	Christadelphians
_____	_____	Christian Education Society
_____	_____	Christian Science
_____	_____	College Fraternities
_____	_____	College Sororities
_____	_____	( <i>Belonged to a</i> ) Coven
_____	_____	Daughters of Eastern Star
_____	_____	Daughters of the Nile
_____	_____	DeMolay Lodge
_____	_____	Druids
_____	_____	Eagles Lodge
_____	_____	( <i>Any</i> ) Eastern Religions
_____	_____	Edgar Cayce
_____	_____	Elks Lodge
_____	_____	Foresters
_____	_____	Freemasonry
_____	_____	( <i>The</i> ) Grange
_____	_____	Hari Krishna
_____	_____	Hinduism
_____	_____	Inner Peace Movement
_____	_____	Islam
_____	_____	Jehovah's Witnesses
_____	_____	Jobs Daughter's Lodge
_____	_____	Kabbalah

<u>A</u>	<u>S</u>	
_____	_____	KKK
_____	_____	Knights of Columbus
_____	_____	Knights of Malta
_____	_____	Knights of Pythias
_____	_____	Knights Templar
_____	_____	Masonic Jewelry/Fetishes
_____	_____	Moonies
_____	_____	Moose Lodge
_____	_____	Mormonism
_____	_____	Mystic Order of the Veiled Prophets of the Enchanted Realm
_____	_____	New Age Movement
_____	_____	Odd Fellows Lodge
_____	_____	Orange Lodge
_____	_____	Order of the Red Cross
_____	_____	Rainbow Girls Lodge
_____	_____	Rebekahs Lodge
_____	_____	Reiki
_____	_____	Religious Science
_____	_____	Riders of the Red Robe
_____	_____	Rosacrucianism
_____	_____	Santeria
_____	_____	Scientology
_____	_____	Shriners
_____	_____	Silva Mind Control
_____	_____	Swedenborgianism
_____	_____	Theosophy
_____	_____	Unitarian Church
_____	_____	Universalism
_____	_____	The Way International
_____	_____	White Shrine
_____	_____	Wicca
_____	_____	Woodmen of the World
_____	_____	_____
_____	_____	_____
_____	_____	_____

### HAVE YOU EVER:

_____	_____	Heard "Kill Yourself"
_____	_____	Seen a Sacrifice
_____	_____	Seen Demons ( <i>Please define</i> )
_____	_____	Participated in a Ritual Abuse Rite
_____	_____	Been diagnosed as DID
_____	_____	Had Recurring Nightmares
_____	_____	Experienced Flashbacks
_____	_____	Experienced Ongoing Chatter in Your Head
_____	_____	Experienced Loss of Time
_____	_____	_____
_____	_____	_____
_____	_____	_____



