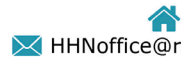





RESTORING THE FOUNDATIONS


HEALING HOUSE NETWORK



HHNOffice@restoringthefoundations.org

PO BOX 1418 Mount Juliet, TN 37122

 www.restoringthefoundations.org

 828-696-9075

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. ownload Adobe Reader 10.0 or higher only at adobe.com.



MY STORY

Restoring the Foundations Ministry

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?

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

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.

Signature

Date

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:

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

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

Describe Your Present Relationship With The Lord:

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

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?

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

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?

REASON	Age Started?	REASON	Age Started?	REASON	Age Started?
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:

Please List Any Other Issue Not Listed Above:

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

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

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

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

1.

Name: _____

DOB: _____ DOD: _____

Cause of Death: _____ Age: _____

Occupation: _____ # of Children: _____

Known Sin Issues: _____

GGM

2.

Name: _____

DOB: _____ DOD: _____

Cause of Death: _____ Age: _____

Occupation: _____ # of Children: _____

Known Sin Issues: _____

GGF

4.

Name: _____

DOB: _____ DOD: _____

Cause of Death: _____ Age: _____

Occupation: _____ # of Children: _____

Known Sin Issues: _____

GGM

5.

Name: _____

DOB: _____ DOD: _____

Cause of Death: _____ Age: _____

Occupation: _____ # of Children: _____

Known Sin Issues: _____

GF

3.

Name: _____

DOB: _____ DOD: _____

Cause of Death: _____ Age: _____

Occupation: _____ # of Children: _____

Known Sin Issues: _____

GM

6.

Name: _____

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

9.

Name:	
DOB:	DOD:
Cause of Death:	Age:
Occupation:	# of Children:
Known Sin Issues:	

GGF

11.

Name:	
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

12.

Name:	
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

A	S	
		ABANDONMENT
		Abdication
		Blocked Intimacy
		Desertion
		Divorce
		Emotional Abandonment
		Physical Abandonment
		Isolation
		Loneliness
		Neglect
		Not Wanted
		Rejection
		Separation
		Unprotected

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

A	S	
		BOUND EMOTIONS
		Blocked Emotions
		Hindered Emotions
		Numbness
		Suppressed Emotions

		NEGLECT
		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

A	S	
		ORPHAN LIFESTYLE
		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

		PERFORMANCE
		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>	
		PRIDE
		Above Contradiction
		Arrogance
		Conceit
		Egotistical
		Haughtiness
		Leviathan
		Prejudice
		Self-Centeredness
		Self-Importance
		Self-Righteousness
		Superiority
		Suppression of Others
		Unteachable
		Vanity

		REBELLION
		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>	
		REJECTION
		Expected Rejection
		Indirect Rejection
		Perceived Rejection
		Self-Rejection

		SHAME
		Blame-shifting
		Embarrassment
		Guilt
		Hatred
		Humiliation
		Regret
		Self-Accusation
		Self-Condemnation
		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>	
		UNWORTHINESS
		Inadequacy
		Inferiority
		Insecurity
		Self-Accusation
		Self-Condemnation
		Self-Consciousness
		Self-Hate
		Self-Punishment
		Self-Sabotage
		Voicelessness

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

A	S	ADDITIONS/ DEPENDENCIES
		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

		Burden
		False Responsibility
		Fatigue
		Impatience
		Nervousness
		Panic Attacks
		Restlessness
		Stress
		Weariness
		Worry

- ☐ ☐ Accusation
- ☐ ☐ Blaming
- ☐ ☐ Blame-shifting
- ☐ ☐ Complaining
- ☐ ☐ Condemnation
- ☐ ☐ Criticalness
- ☐ ☐ Gossip
- ☐ ☐ Judging
- ☐ ☐ Murmuring
- ☐ ☐ Offended
- ☐ ☐ Resentment
- ☐ ☐ Ridicule
- ☐ ☐ Slander
- ☐ ☐ Unforgiveness
- ☐ ☐
- ☐ ☐

[illegible]

	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

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

A	S	
		DEPRESSION
		Dejection
		Discouragement
		Despair
		Despondency
		Gloominess
		Hopelessness
		Misery
		Oversleeping
		Sadness
		Self-Pity
		Suicide Attempt
		Suicide Fantasies
		Trapped
		Withdrawal

		EMOTIONAL DEPENDENCY
		Co-Dependency
		Enabling
		False Responsibility
		Parental Inversion

		RACISM
		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

A	S	
		ESCAPE
		Apathy
		Avoidance
		Busyness
		Daydreaming
		Fantasy
		Forgetfulness
		Hiding
		Hopelessness
		Indifference
		Isolation
		Laziness
		Oversleeping
		Passivity
		Procrastination
		Suicide Fantasies
		Trance

		FAILURE
		Success/Failure Cycle
		Defeat
		Loss
		Performance
		Pressure to Succeed
		Striving
		Unfulfilled Destiny

		<i>(other)</i>

A	S	
		FEAR
		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>	
		FINANCIAL PROBLEMS
		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

		GRIEF (unhealthy)
		Anguish
		Crying
		Despair
		Disappointment
		Heartbreak
		Hope Deferred
		Isolation
		Loss
		Pain
		Regret
		Sorrow
		Torment
		Weeping

<u>A</u>	<u>S</u>	
		IDENTITY ISSUES
		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

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

<u>A</u>	<u>S</u>	
		INFIRMITIES/DISEASE
		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

		MENTAL CHALLENGES
		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

<u>A</u>	<u>S</u>	
		MOCKING
		Blaspheming
		Cursing
		Cynicism
		Disrespect
		Laughing
		Profanity
		Ridicule
		Sarcasm
		Scorn
		Scoffing

		NOT MOTIVATED
		Irresponsibility
		Lack of Discipline
		Laziness
		Procrastination

		RELIGIOUS BONDAGE
		Antichrist
		Betrayal
		Denominationalism
		Division
		Excessive Rules
		False Faith
		Hypocrisy
		Injustice
		Legalism
		New Age Practices
		Phariseeism
		Religiosity
		Religious Control
		Religious Performance
		Spiritual Pride
		Traditionalism
		Works Mentality

<u>A</u>	<u>S</u>	
		SEXUAL BONDAGE
		Adultery/Fornication
		Bestiality
		Bisexuality
		Cybersex
		Defilement/Uncleanness
		Erotica
		Exposure
		Fantasy Lust
		Frigidity
		Homosexuality/Lesbianism
		Incest
		Incubus/Succubus/Demonic Sex
		Masochism/Sadism
		Masturbation
		Molestation
		Pedophilia
		Perversion
		Pornography
		Premarital Sex/Fornication
		Promiscuity
		Prostitution/Harlotry
		Seduction/Alluring
		Sexual Abuse
		Sodomy
		Voyeurism

		TRAUMA
		Abuse, Emotional
		Abuse, Mental
		Abuse, Physical
		Abuse, Sexual
		Abuse, Spiritual
		Abuse, Verbal
		Accidents
		Divorce
		Imprisonment
		Loss
		Molestation
		Post-Traumatic Stress Syn
		Rape
		Torture
		Violence
		War

<u>A</u>	<u>S</u>	
		UNBELIEF
		Apprehension
		Cynicism
		Double Mindedness
		Doubt
		Fear of Being Wrong
		Intellectualism
		Mind Blocking
		Mistrust
		Rationalism
		Skepticism
		Suspicion
		Uncertainty

		VIOLENCE
		Abuse
		Arguing
		Beatings
		Bickering
		Cruelty
		Cursing
		Death
		Destruction
		Feuding
		Hate
		Hitting
		Militancy
		Murder/Abortion
		Punching
		Rape
		Retaliation
		Slapping
		Strife
		Torture/Mutilation
		War

OCCULT INDICATORS

<u>A</u>	<u>S</u>	
		INVOLVEMENT WITH:
		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

SUPPLEMENTAL INFORMATION

Please provide any additional information that you believe would be helpful in the ministry process.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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