



RESTORING THE FOUNDATIONS


HEALING HOUSE NETWORK



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 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 |
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|--|--|-------------------------|
| | | ANGER |
| | | Aggravation |
| | | Antagonism |
| | | Disappointment |
| | | Intolerance |
| | | Irritability |
| | | Feuding |
| | | Frustration |
| | | Hatred |
| | | Hostility |
| | | Murder |
| | | Rage |
| | | Resentment |
| | | Retaliation |
| | | Revenge |
| | | Spoiled Little Boy/Girl |
| | | Temper Tantrums |
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| A | S | |
|---|---|-----------------------|
| | | BOUND EMOTIONS |
| | | Blocked Emotions |
| | | Hindered Emotions |
| | | Numbness |
| | | Suppressed Emotions |
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| | | 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 |
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| 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 |
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|--|--|-----------------------|
| | | PERFORMANCE |
| | | Comparison |
| | | Competition |
| | | Coveting |
| | | Driving |
| | | Envy, Jealousy |
| | | People Pleasing |
| | | Perfectionism |
| | | Possessiveness |
| | | Rivalry |
| | | Striving |
| | | Striving for Approval |
| | | Striving for Praise |
| | | Workaholism |
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| <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 |
| | | |
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|--|--|------------------|
| | | REBELLION |
| | | Contempt |
| | | Deception |
| | | Defiance |
| | | Dishonor |
| | | Disobedience |
| | | Disrespect |
| | | Independence |
| | | Insubordination |
| | | Mistrust |
| | | Resistance |
| | | Self-Reliance |
| | | Self-Sufficiency |
| | | Self-Will |
| | | Stubbornness |
| | | Undermining |
| | | Unsubmissiveness |
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| <u>A</u> | <u>S</u> | |
|----------|----------|---------------------|
| | | REJECTION |
| | | Expected Rejection |
| | | Indirect Rejection |
| | | Perceived Rejection |
| | | Self-Rejection |
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|--|--|-------------------------|
| | | 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 |
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| <u>A</u> | <u>S</u> | |
|----------|----------|---------------------|
| | | UNWORTHINESS |
| | | Inadequacy |
| | | Inferiority |
| | | Insecurity |
| | | Self-Accusation |
| | | Self-Condemnation |
| | | Self-Consciousness |
| | | Self-Hate |
| | | Self-Punishment |
| | | Self-Sabotage |
| | | Voicelessness |
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| | | VICTIMIZATION |
| | | Abandonment |
| | | Betrayal |
| | | Control |
| | | Deportation |
| | | Helplessness |
| | | Hopelessness |
| | | Mistrust |
| | | Passivity |
| | | Predator |
| | | Prejudice |
| | | Self-Pity |
| | | Slave Mentality |
| | | Suspicion |
| | | Trapped |
| | | Trauma |
| | | Unfaithfulness |
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| 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 |
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|--|--|----------------------|
| | | Burden |
| | | False Responsibility |
| | | Fatigue |
| | | Impatience |
| | | Nervousness |
| | | Panic Attacks |
| | | Restlessness |
| | | Stress |
| | | Weariness |
| | | Worry |
| | | |
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- ☐ ☐ 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 |
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|--|--|-----------------------------|
| | | EMOTIONAL DEPENDENCY |
| | | Co-Dependency |
| | | Enabling |
| | | False Responsibility |
| | | Parental Inversion |
| | | |
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|--|--|-----------------------|
| | | PREJUDICE |
| | | 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 |
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|--|--|-----------------------|
| | | FAILURE |
| | | Success/Failure Cycle |
| | | Defeat |
| | | Loss |
| | | Performance |
| | | Pressure to Succeed |
| | | Striving |
| | | Unfulfilled Destiny |
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| | | <i>(other)</i> |
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| 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 |
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| <u>A</u> | <u>S</u> | |
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| | | 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 |
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| | | GRIEF (unhealthy) |
| | | Anguish |
| | | Crying |
| | | Despair |
| | | Disappointment |
| | | Heartbreak |
| | | Hope Deferred |
| | | Isolation |
| | | Loss |
| | | Pain |
| | | Regret |
| | | Sorrow |
| | | Torment |
| | | Weeping |
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| <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 |
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| | | IDOLATRY OF |
| | | Appearance |
| | | Beauty |
| | | Children |
| | | Clothes |
| | | Education |
| | | Food |
| | | Intellectualism |
| | | Ministry |
| | | Money |
| | | Occupation |
| | | Position |
| | | Possessions |
| | | Power |
| | | Social Status |
| | | Sports |
| | | Spouse |
| | | Wealth |
| | | |
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| <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 |
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| | | 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 |
| | | |
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| <u>A</u> | <u>S</u> | |
|----------|----------|----------------|
| | | MOCKING |
| | | Blaspheming |
| | | Cursing |
| | | Cynicism |
| | | Disrespect |
| | | Laughing |
| | | Profanity |
| | | Ridicule |
| | | Sarcasm |
| | | Scorn |
| | | Scoffing |
| | | |
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| | | NOT MOTIVATED |
| | | Irresponsibility |
| | | Lack of Discipline |
| | | Laziness |
| | | Procrastination |
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| | | 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 |
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| <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 |
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|--|--|---------------------------|
| | | 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 |
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| <u>A</u> | <u>S</u> | |
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| | | UNBELIEF |
| | | Apprehension |
| | | Cynicism |
| | | Double Mindedness |
| | | Doubt |
| | | Fear of Being Wrong |
| | | Intellectualism |
| | | Mind Blocking |
| | | Mistrust |
| | | Rationalism |
| | | Skepticism |
| | | Suspicion |
| | | Uncertainty |
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|--|--|--------------------|
| | | VIOLENCE |
| | | Abuse |
| | | Arguing |
| | | Beatings |
| | | Bickering |
| | | Cruelty |
| | | Cursing |
| | | Death |
| | | Destruction |
| | | Feuding |
| | | Hate |
| | | Hitting |
| | | Militancy |
| | | Murder/Abortion |
| | | Punching |
| | | Rape |
| | | Retaliation |
| | | Slapping |
| | | Strife |
| | | Torture/Mutilation |
| | | War |
| | | |
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| | | |

OCCULT INDICATORS

| <u>A</u> | <u>S</u> | |
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| | | 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> | |
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| | | 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.

[illegible]