BLESSED

DELIVERANCE MINISTRY APPLICATION
Prayer Agreement & Release of Liability

Cost/Donation

This ministry is offered freely as an act of love and obedience to the Lord. **There is no required fee.** However, for those who feel led to support the work, we welcome your partnership. Donations are tax-deductible. Your generosity helps sustain and grow the ministry, allowing us to serve others with care and excellence.

Suggested Donation: $50-100

- Give via Cash/Check (Offering envelope provided)
- Give with Zelle (info@blessedintl.com)
- Give with PayPal (paypal.me/blessedintl)

Checks payable to:
Blessed Int'l Fellowship, Inc.
Memo: Deliverance

What to Expect from the Deliverance Ministry

The Deliverance Ministry is a **prayer-based pastoral ministry**, not a form of professional counseling. Our team consists of **lay ministers**, not licensed therapists or clinical counselors. We come alongside you in prayer and spiritual guidance **only as you choose to engage** with us.

While we fully expect God to bring **spiritual, emotional, and physical healing**, we do not guarantee outcomes. **Only God can deliver**, and we cannot predict or control what He will do. What we can promise is that we will faithfully partner with the Holy Spirit—doing our best for **your good and for God's glory**.

Confidentiality & Legal Disclosures

We are committed to keeping all that you share with us **strictly confidential**. However, we are legally obligated to report the following:

- Any stated intent to cause harm to oneself or another person
- Any known or suspected abuse or neglect of a child or elderly person

If a situation arises requiring such a report, we will first **inform you** before taking action.

Walking in Agreement with God's Word

Deliverance requires a willing heart. If you are **living in a way that contradicts God's Word** and are **unwilling to renounce** such behavior, we will **not be able to proceed** with the session. However, if you are willing to **repent and turn away from practices** that are contrary to Scripture—such as **fornication, homosexuality, addiction**, or similar—we are ready to walk with you toward healing and freedom.

STATEMENT OF RELEASE

In order to ensure proper legal protection, we kindly ask each participant to sign the following:

I understand that this ministry session is provided as a spiritual service and not professional counseling. I willingly release the deliverance ministers and/or Blessed International (including all affiliated individuals and entities) from any liability or responsibility for outcomes that do not meet my expectations or that may result in spiritual, emotional, or physical discomfort.

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: □ Male □ Female

Address: _____

Phone: _____ Email: _____

Recipient Signature: _____ Date: _____

Minister Signature: _____ Date: _____

CONSENT FOR MINISTRY TO A MINOR

I, _____, am the parent or legal guardian of:

Minor's Full Name: _____

Date of Birth: _____ Gender: □ Male □ Female

Phone: _____ Email: _____

I give my full consent for him/her to receive ministry from the Deliverance Ministry at Blessed International.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Minister Signature: _____ Date: _____

DIAGNOSTIC QUESTIONS

Please describe your current struggles. What expectations do you have from this deliverance?

_____

_____

_____

How have you tried to resolve or manage these problems before? _____

_____

_____

Do you suspect you are demonically oppressed? If yes, why? **Yes / No / Not Sure**

_____

Are you living in continual, unrepentant sin? **Yes / No**

If so, are you willing to repent of that lifestyle? **Yes / No**

Important: Unrepentant sin is an open door for the enemy. If you are unwilling to repent of your sins we will not be able to move forward in praying for your freedom (Matt. 12:45).

RELIGIOUS BACKGROUND

What church do you presently attend, if any? _____

Church attendance (meeting per month): **0 1 2 3 4 5 6 7 8 9 10+**

Do you believe in God? **Yes / No / Not Sure** Do you pray to God? **Yes / No**

Filled with the Holy Spirit? **Yes / No / Not Sure** Are you water baptized? **Yes / No**

Do you see God as a loving Father who cares? If no, please explain. **Yes / No / Sometimes**

_____

_____

If you were to die right now, do you know for certain that you would go to heaven? If no, please explain.

Yes / No / Not Sure _____

Are you plagued with doubts concerning your salvation? **Yes / No**

How much do you read the Bible? **Often / Occasionally / Never**

Do you find praying difficult? If yes, please explain. **Yes / No** _____

_____

Do you struggle with unwanted thoughts, images, jealousies, or mental disturbances when attending Christian meetings? If yes, please describe. **Yes / No** _____

_____

Have you experienced any negative or unusual spiritual events—such as hearing voices or recurring negative thoughts? If yes, please describe: **Yes / No** _____

_____

_____

MARRIAGE INFORMATION

Marital status: **Married / Single / Widowed / Divorced**

How many times have you been married? _____ How many times have you been divorced? _____

Briefly describe your previous marriages. _____

_____

_____

Are your parents: **Married / Divorced / Remarried**

If divorced or remarried, please explain. _____

_____

_____

CHILDHOOD INFORMATION

Were you happy as a child? If no, please explain. **Yes / No** _____

_____

Do you remember your childhood? **Yes / No**
Are there months or years missing from your childhood? **Yes / No**

How was your relationship with your parents/guardians? Please explain. **Good / Bad / Indifferent**

_____

Did you get along with your siblings? **Yes / No**

Did you experience rejection from your parents? **Yes / No**

Who carried the authority in your home? **Father / Mother**

Was either parent over-controlling or overly passive? **Yes / No**

Were your parents physically affectionate and verbally affirming with you? **Yes / No**

As a child did you suffer from any of the following (please check):

____ *Violence* ____ *Nightmares* ____ *Excessive fears* ____ *Loneliness*

____ *Molestation* ____ *Incest* ____ *Divorce* ____ *Learning problems*

FAMILY INFORMATION

List any family history of addictions (e.g., alcohol, drugs, gambling, sex, eating disorders):

_____

Does your family have any history of mental or emotional illness? If yes, please explain. **Yes / No**

_____

Does your family have a history of cancer, heart problems, or genetic diseases? If yes, please explain.

_____

_____

Any family secrets? _____

PHYSICAL HEALTH

Rate your health (please circle): **Very good / Good / Average / Declining / Poor**

How many hours of sleep do you get per night? _____

Do you have or have you had any of these health issues (please check):

____ *Epilepsy* ____ *Cancer* ____ *Arthritis* ____ *Asthma* ____ *Infertility* ____ *Fibromyalgia*

List any other health problems. _____

Are you presently taking medication? If yes, please list all. **Yes / No** _____

_____

Do you have any addictions? If, yes, please list all. **Yes / No** _____

_____

Have you ever had abortions or miscarriages? **Yes / No**

MENTAL & EMOTIONAL HEALTH

Have you ever undergone any of the following (please check)?

____ *Psychotherapy* ____ *Counseling* ____ *Prayer Ministry* ____ *Deliverance*

What was the outcome? _____

Have you ever been severely emotionally traumatized? If yes, please explain. **Yes / No**

_____

Have you ever feared that you might be "going crazy?" If yes, please explain. **Yes / No**

_____

In regard to people and their goodness, are you a/an (please check): ___ *Optimist* ___ *Pessimist*

In regard to how life will go for you in the future? ___ *Optimist* ___ *Pessimist*

When expressing your feelings with others, do you feel: ___ *Safe* ___ *Leery and guarded*

Can you trust people close to you? If no, please explain. **Yes / No** _____

_____

Do you have reoccurring negative thoughts about yourself? (i.e., "I am fat." "I am ugly." "I'm never going to have money.") If yes, please explain. **Yes / No** _____

_____

Is there anything that you have done that you can't forgive yourself for? If yes, explain. **Yes / No**

_____

Do you struggle with not liking yourself? **Yes / No**

Do you have trouble giving love? **Yes / No** Do you have trouble receiving love? **Yes / No**

Have you engaged in sex outside of marriage? **Yes / No**

If yes, please ask God to forgive you and break each soul tie and its effects. List each person involved:

_____

BLOCKS TO FREEDOM

Do you blame others for your problems? **Yes / No**

Do you strongly identify and desire to be someone else? **Yes / No**

Do you regularly emotionally check out and avoid facing your problems? **Yes / No**

Do you justify your bad behavior based on the actions or circumstances caused by others? **Yes / No**

Do you take out your frustrations or anger on people who have not hurt you? **Yes / No**

Are you aware of any negative self-vows you have made (e.g., "I will never love again," "Men/women can't be trusted," "I will always fail," "I will always be rejected")? _____

_____

Ask God to bring to mind anyone you refuse to talk to, have unforgiveness towards, hate, or have thoughts of revenge towards. Please check all that apply.

Unforgiveness	____ *towards people*	____ *towards self*	____ *towards God*
Hatred	____ *towards people*	____ *towards self*	____ *towards God*
Revenge	____ *towards people*	____ *towards self*	____ *towards God*

Please list all persons that come to mind. _____

_____

Take time to forgive each person on the list above. Reflect on whether you may be seeking your own will above God's—consciously or unconsciously. Record any thoughts below:

_____

DEMONIC ACTIVITY INFORMATION

Do you or have you experienced any of the following problems? Take time to make an honest assessment and check all those that apply. Put **(C) for current** and **(P) for past:**

ANGER

____ *Anger/wrath*

____ *Rage/violence*

____ *Hatred*

____ *Murderous thoughts*

____ *Murder*

____ *Cursing*

UNFORGIVENESS

____ *Unforgiveness*

____ *Resentment/bitterness*

____ *Retaliation*

PRIDE AND CONTROL

____ *Pride*

____ *Inferiority*

____ *Perfectionism*

____ *Manipulate/control others*

____ *Compulsiveness*

____ *Obsessions*

JEALOUSY

____ *Jealousy*

____ *Envy*

____ *Covetousness*

SEXUAL

____ *Sexual perversion*

____ *Fantasy*

____ *Lust*

____ *Homosexuality*

____ *Sex outside of marriage*

____ *Pornography*

____ *Masturbation*

ABUSE

____ *Alcohol abuse*

____ *Drug abuse*

____ *Eating disorders*

FEAR

____ *Fear*

____ *Anxiety/worry*

____ *Phobias*

____ *Panic attacks*

CONDEMNATION

____ *Condemnation*

____ *Insecurity*

____ *Inadequacy*

____ *Worthlessness*

____ *Rejection*

____ *Loneliness*

____ *Mistrust*

HURTING SELF

____ *Self-hate*

____ *Self-accusation*

____ *Self-pity*

____ *Self-cutting*

____ *Suicidal thoughts*

____ *Depression*

HURTING OTHERS

____ *Gossip/slander*

____ *Critical attitude*

____ *Skepticism*

____ *Lying*

____ *Deceitfulness*

UNBELIEF

____ *Unbelief*

____ *Doubt*

MISCELLANEOUS

____ *Stealing*

____ *Nightmares*

____ *Headaches*

____ *Rebellion*

____ *Religious spirit*

____ *Anti-Christ spirit*

____ *Blasphemous thoughts*

Other problems not mentioned? _____

OCCULT ACTIVITY INFORMATION

Have you had any experience in the following occults, cults and religions? Place **(Y) for yes** to all that applies to you and /or **(A) for ancestors,** if any family members have been involved in occult activity.

OCCULTS AND RELIGIONS

____ *Non-Christian religions*
____ *Kabbalah*
____ *Idol worship*
____ *Secret societies*
____ *Freemasonry*
____ *American Indian spiritualism*
____ *New Age*
____ *Voodoo*
____ *Wicca*
____ *Satanism*

MEDITATIONS

____ *Yoga (Hindu meditation, Chakras)*
____ *Martial arts meditation*
____ *Hypnotism*
____ *Transcendental meditation*
____ *Guided imagery*

OCCULT ACTIVITIES

____ *Astrology*
____ *Blood pacts*
____ *White magic*
____ *Black magic*
____ *Astral projection*
____ *Tattoos*
____ *Mind control*
____ *Demonic games*
____ *Table lifting*
____ *Automatic writing*
____ *Levitation*
____ *Charlie Charlie*

SPIRITUAL GUIDANCE

____ *Seances/channeling*
____ *Fortune telling*
____ *Spirit or angel guides*
____ *Imaginary friends*
____ *Palm reading*
____ *Mind reading*
____ *Seeing/reading Auras*

USE OF OCCULT ITEMS

____ *Crystal ball*
____ *Rod or pendulum*
____ *Eight ball*
____ *Tarot cards*
____ *Ouija board*
____ *Amulets/charms*
____ *Tea leaves, grounds, bones, etc. (for reading)*
____ *Mind-altering drugs (for spiritual experiences)*

OCCULT HEALING

____ *Healing touch therapy*
____ *Energy healings/pathways*
____ *Reiki healing*
____ *Psychic healings*

Other religions or occult activity? Explain: _____

_____

_____

Do you have any occult or religious objects in your home (charms, pagan artifacts, books, dolls, figures, occult symbols, idols etc.)? Get rid of them (Deuteronomy 7:25-26). **Yes / No**

Have you ever visited any occult temples or religious sites (Buddhist, Hindu, Mormonism)? **Yes / No**

Have any of your parents, grandparents, or great-grandparents, to your knowledge, ever been involved in any occult, cult or non-Christian religious practices? _____

_____

Have you ever used illegal drugs or abused legal drugs? Please list all. **Yes / No**

_____

Is someone you know (past or current) cursing you? **Yes / No**

Is there any information you would like to add not covered in this form?

_____

_____

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