



This Application is designed to help your Ministry Team identify the Iniquities that were passed down your family line and negative patterns that may be hindering you. It also identifies those areas in your heritage or life that led to Tainted Beliefs, Wounds/Hurts, and/or openings for Demonic Oppression.

Date: _____

Personal Information

Name: _____ Email: _____

City/State/Zip: _____

DOB: _____ Age: _____ Phone/Cell: _____

In case of an emergency, notify: _____ Relationship to you: _____

Contact number: _____

Reason for seeking ministry.

Spiritual Background

Have you made a commitment to Jesus Christ as Lord and Savior? Yes ___ No ___ When? _____

Briefly tell what happened: _____

Have you received the Baptism of the Holy Spirit with the evidence of speaking in tongues? Yes ___ No ___

Describe your relationship with the Lord: _____

List all previous church affiliations: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Remarried ___



Presently living with: Parents ___ Spouse ___ Alone ___ Other _____

Marital Background

Spouse's Name: _____ Age: _____ Date of Marriage _____

Please assess your marriage: Dissatisfied ___ Average ___ Satisfied ___ Very Satisfied ___

If your current issue involves your spouse, is he/she willing to also receive ministry? Yes ___ No ___ Uncertain ___

Marriages

Spouse's Name	Your Age	Their Age	Dated Married	How Long	Married	Reason it ended

Children (including stepchildren and adopted)

Name	Age	Sex	From which marriage	Self-supporting	Married	Still alive	Age at and cause of death

Counseling Information

Have you ever been to counseling/therapy/mental health care? _____

Are you currently on medication? Yes ___ No ___ Kind of medication(s) _____



Family Background

Dad's Father's Side

GGF Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

GGM Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

GF Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

Dad Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

Dad's Mother's Side

GGF Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

GGM Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

GF Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

Dad Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

Religious Background: _____

Were any family members involved in the following:

Occult Involvement: _____

Masonic: _____

If so, what level? _____



Mom's Father's Side

GGF Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

GGM Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

GF Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

Dad Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

Mom's Mother's Side

GGF Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

GGM Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

GF Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

Dad Name: _____ Place of Birth: _____

Known Sins: _____ Sickesses: _____

Religious Background: _____

Were any family members involved in the following:

Occult Involvement: _____

Masonic: _____

If so, what level? _____

Parents: Married ___ Separated ___ Divorced ___ Remarried ___ Never Married ___



Saved? Father ___ Mother ___

Rate your parent's marriage: Unhappy ___ Average ___ Happy ___ Very Happy ___

If your parents are/were separated/divorced, how old were you at the time? _____

You lived with: Both Parents ___ Father ___ Mother ___ Stepparent ___ Other _____

On a scale from 1-10, rate how you felt each parent loved you. Give an example of how they showed their love.

Father: _____

Mother: _____

Give 3 words that characterize your relationship with your father: _____

Give 3 words that characterize your relationship with your mother: _____

Previous Ministry

Have you had ministry like soul healing or counseling? Yes ___ No ___

If yes, describe your experience and what happened _____

Did it resolve the issue? Please comment

Birth Information

___ My father died or led during the pregnancy.

___ My mother took drugs during her pregnancy.

___ My mother smoked during her pregnancy.

___ My mother drank alcohol during her pregnancy.

___ My mother experienced trauma during pregnancy.

___ My mother was raped, and I was conceived.

___ There was a lot of fighting at home.

___ I was given up for adoption.

___ I was the next child after miscarriage or abortion.

___ I was conceived out of wedlock.

Other: _____



If you or your Ancestors walked in any of these Iniquities/sins, please mark under the **X** collum next to the sin for Ancestors and put a mark under the **C** collum if you are struggling with it.

X C	X C	X C
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Performance	<input type="checkbox"/> Hinduism
<input type="checkbox"/> Rejection	<input type="checkbox"/> Jealousy	<input type="checkbox"/> Death
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Perfectionism	<input type="checkbox"/> Occult dedication
<input type="checkbox"/> Fear		
<input type="checkbox"/> Shame	<input type="checkbox"/> Lust	<input type="checkbox"/> Rebellion
<input type="checkbox"/> Bound Emotions	<input type="checkbox"/> Pornography	<input type="checkbox"/> Pride
<input type="checkbox"/> Unworthiness	<input type="checkbox"/> Homosexuality	<input type="checkbox"/> Control
<input type="checkbox"/> Orphaned	<input type="checkbox"/> Perversion	<input type="checkbox"/> Anger
	<input type="checkbox"/> Molestation	<input type="checkbox"/> Bitterness
<input type="checkbox"/> Escape	<input type="checkbox"/> Adultery	<input type="checkbox"/> Violence
<input type="checkbox"/> Passivity	<input type="checkbox"/> Incest	<input type="checkbox"/> Mocking
<input type="checkbox"/> Depression		<input type="checkbox"/> Rage
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Religiosity	<input type="checkbox"/> Lawlessness
<input type="checkbox"/> Addictions	<input type="checkbox"/> Masonic	<input type="checkbox"/> Lying
<input type="checkbox"/> Abuse	<input type="checkbox"/> Occult	
<input type="checkbox"/> Suicide/Attempt	<input type="checkbox"/> Witchcraft	<input type="checkbox"/> Unbelief
	<input type="checkbox"/> Yoga	<input type="checkbox"/> Sickness
<input type="checkbox"/> Victimization	<input type="checkbox"/> Idolatry	
<input type="checkbox"/> Trauma	<input type="checkbox"/> New Age	

Final Comments

Please share anything else that would help your Minister/Counselor better understand you and your current issue.

All ministry is FREE! If you'd like to donate, please write checks to HUB with Cindy Soares in the memo section or scan the QR code. All donations are 100% tax deductible.



Have Questions: Cindy Soares at (805) 268-2000 or email: csoares88@comcast.net



Consent for Ministry at Out of the Mire Ministries

1. The purpose of biblical counseling and inner healing is to enable you, the client, to understand your circumstances and reactions to them in a spiritually secure environment. We will help you work through your personal and interpersonal situations using counseling techniques and Christian principles. The effectiveness of the sessions will depend on your willingness to utilize the skills you will learn in them.
2. Counselors/Ministers frequently show their care and concerns through hugs.
 - If you would **NOT** feel comfortable in such a situation, please put your initials here _____
3. Counseling/Ministry sessions are held in the strictest confidence with the following exceptions:
 - California law requires the reporting of any suspected child abuse or neglect.
 - Situations in which there is reason to believe a client is a physical danger to himself/herself or others.
 - Counselors/Ministers may be required to testify in court and compelled to disclose confidential information.
 - Counselors/Ministers in training are required to review their cases with a supervisor or executive pastor and/or share cases in staff meetings. (It should be noted that even under these conditions, names of the actual client(s) are rarely disclosed)
4. Counseling/Ministry sessions last 30-120 minutes and require punctuality. Please give 24-hour notice for cancellations.
5. All counselors/ministers at Out of the Mire Ministries have extensive training to become competent biblical counselors or inner healing ministers. Since counseling/ministry is complex, we cannot guarantee that it will make you feel better or bring about any change or improvement in your situation.
6. If you should ever feel uncomfortable with your counseling/ministry, you should tell your counselor/minister immediately! If you and your counselor are having difficulty working together, you may ask for a meeting with a supervisor to seek a resolution to the problem. **Email: info@ootmm.org**
7. Your counseling/ministry session is a donation. You may give cash, check (payable to Out of the Mire Ministries or HUB, write Cindy Soares in the for/memo area), or credit card by scanning the QR code.

I understand and agree to the above-stated policies

Print Name _____ Sign _____ Date _____

Consent for a minor Parent/legal guardian Sign _____ Date _____

As a pastor/counselor/minister, I have reviewed these policies with this client during our first session

Sign _____ Date _____