

Lifeline International Ministries

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Deliverance Counseling Form

In order to help you obtain a God-glorifying and long lasting deliverance, we desire that you give us sincere and truthful information as it pertains to the reason(s) for which you are seeking deliverance. We are here to assist you regain your freedom and walk in total victory free from every Satanic harassments and disturbances. Note that all information given at this counseling session are kept and treated with utmost confidentiality.

Personal information

Full Name: _____

Meaning of your names: _____

Address: Street _____ Apt# _____ State _____

Zip Code _____ Home-phone# _____ Cell-phone# _____

Email _____

Information of Family Background and Religion

Short history of ancestry _____

Parents names and meaning _____

Family tree and number in the family tree _____

Sibling's lives _____

Name of family shrine or gods _____

Mention common sin, criminal activities and ungodly heritage of your family

Any contradictory stories told by parent or guardian in relation to your birth? _____

Say your present or former religious group(s) _____

Have you ever consulted or participated in occult activities or have you ever visited evil Altars or consulted native or witch doctors or voodoo? (Innocently/curiously/by accomplice or association). Say briefly

What was given to you as gift(s) _____

What was given to you to eat/drink/swallow/put on/incisions _____

The confessions and agreements you made/was made with you _____

History of peculiar dreams:

Do you see yourself participating in the following activities while in trance, visions or in a dream? (Mark where applicable)

Sexual activities _____ Eating _____ Swimming _____ Flying _____ Carrying loads _____ Receive unknown and strange visitors (same sex/opposite sex) _____
 Being frustrated or estranged _____ Climbing hills or mountains with difficulties _____
 Being pursued by masquerade, mad person, _____ snakes or animals _____ Dead people _____ Getting married or in a wedding celebration _____ Carrying or breast-feeding babies _____ Being naked _____ Eating meat or human part _____ Going to a particular market (to buy or sell) _____ Seeing or shaking hands, staying with dead people _____ Eating food _____ Crossing Gate/Road _____ Being shot _____ Kicking bucket _____ Being injected _____
 Being bitten by snakes, or other animals _____ Have any part of your body falling off e.g. teeth, jaw, hair _____ Traveling _____ Seeing someone you know vanishing _____ Gums/strings in your mouth or between your teeth _____
 Others not mentioned above _____

History of crimes

What's your criminal record like? _____
 Mention your besetting sin _____

Some strange personal phenomenon such as

Do you experience hallucination? In the form of
 Visual (see people/things others don't see) _____
 Auditory (hear voices) within/around _____
 Olfactory (smell things others don't) within /around _____
 Soliloquy (unusual self talk) unconsciously _____
 Do you have any money or items which you don't know where they came from? _____
 Do you lose money or important items strangely? _____
 Do you have schizophrenic experiences (double personality) _____
 Do you notice strange movements in your home or within you _____
 Do you fall sick all the time? (yes/no) If yes, what is your sickness? _____
 Do you sense strange being(s) around you? _____

Some strange personal character (Mark where applicable) Do you experience these?

Excessive anger _____ Hatred and bitterness _____ Always being afraid _____ Un-forgiveness _____ Living in sexual pervasion (masturbation, homosexuality, adultery, incest, bestiality, exposure, fanaticizing, oral and anal sex, lesbianism) _____ Enjoying crying _____ Nonchalance with important issues _____ Worrying unnecessarily over insignificant things _____ Restlessness and wondering in life _____ Drugs and/or alcohol abuse _____

Others

Explain any other problems affecting you not mentioned in this Deliverance Form:

For further information contact: Bishop Celestine Ehis Uboh