Acts 10:38 Ministries

Deliverance Diagnostic & Release Form

Personal Information

Date

Minister Name

Name

Spouse Name (if applicable)

Name Meaning (optional)

Phone

Email

Address

Married? ☐ Yes ☐ No How Many Marriages

Are you born again? ☐ Yes ☐ No When

Why do you need deliverance?

Do you dream? ☐ Yes ☐ No

Describe your last dream

Pre-Deliverance Preparation

1. Fast for _____ days

2. Please meditate on the following Scriptures:

Luke 10:19, Matthew 10:1, Matthew 16:19, Revelation 12:11, Colossians 2:14-15, Colossians 2:10, Ephesians 1:18-22, 2 Timothy 4:18, James 4:7, 1 Corinthians 3:17, 1 John 3:8, 1 John 4:4

Repentance: Psalm 51

Start Deliverance

1. Deliverance Prayer 2. Matthew 18:18-20

Part 1: Forgiveness (Mark 11:25)

A. List those who have offended or hurt you, or those you hate:

B. Sexual relationships / soul ties:

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Part 2: Repentance, List of Sins

1. Personal sins (e.g., lying, unforgiveness, anger):

2. Ancestral or bloodline sins (e.g., witchcraft, polygamy, alcoholism):

Part 3: Renounce and Break Covenant, Soul Ties & Spiritual Ties

Part 4: Apply the Blood, Holy Ghost Fire, Cast Out Demons. This part is led by the ministry team during your session.

Indemnification and Release

I understand and acknowledge that all services, including prayer, counseling, and deliverance ministry, are based on Christian biblical principles, are spiritual in nature, and are not any professional clinical practice. The individuals providing the ministration services are not licensed medical doctors, psychotherapists, or mental health professionals.

I have voluntarily sought and requested ministerial services from Acts 10:38 Ministries. I understand that I am not obligated to participate and that I can terminate the session at any time.

If I am currently under the care of a medical or mental health professional, I will continue to follow all prescribed treatment, including therapy and medication. I will not modify or terminate any treatment or medication without first consulting my own medical or mental health provider. Any decision I make to alter my treatment is done at my own risk.

By receiving the ministration service(s), I hereby release, indemnify, and forever hold harmless Acts 10:38 Ministries, its leadership, volunteers, and representatives from any and all claims, damages, or liabilities that may arise now or in the future as a result of the ministry received.

Any personal information disclosed during a ministry session will be held in confidence by the ministry team. I understand, however, that communication among ministry leaders for the purpose of pastoral oversight and prayer is considered a matter of common interest and is not a breach of confidentiality.

I agree not to publicly misrepresent or inaccurately portray the events of my ministry session in a way that could cause reputational harm or slander to Acts 10:38 Ministries leadership, volunteers, and representatives.

By signing this form, I affirm that I have read, understood, and agreed to the terms of this disclaimer and consent. I enter into this ministry freely and with a full understanding of its nature and limitations.

Signature (type full name) _____ Printed Name _____

Age _____ Today's Date _____

If person receiving ministry is below the age of 18:

Name of Parent/Guardian _____ Signature of Parent/Guardian _____