

**Hath An Ear Ministries**  
Meriden, CT 06450  
**Application for Oppression Healing**

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Prior Marriage \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email address \_\_\_\_\_

Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Children names/ages \_\_\_\_\_

Father last name \_\_\_\_\_ Ancestors country of origin \_\_\_\_\_

Mother-maiden name \_\_\_\_\_ Ancestors Country of origin \_\_\_\_\_

Saved \_\_\_\_\_ yes or no Where and approximately what age \_\_\_\_\_

Where do you attend church? \_\_\_\_\_

Scripturally Baptized? \_\_\_\_\_ Have you received communion? \_\_\_\_\_

*The purpose of this form is to help determine possible entryways for demonic spirits. Ancestors can be a potential means of access as demonic spirits try to stay within the family line. Allow the Holy Spirit to bring to mind any information about your direct ancestry up to three to four generations if possible. Examples can include their behavior, practices and involvement in the occult, depression or mental disorders, adultery, divorce, addictions, criminal activities, divorce, abuse, sexual perversions, constant financial problems and illnesses.*

*Use the spaces below to identify items and which side of the family.*

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# Application Cont.

Please complete below to the information below **CONCERNING YOU.**

Ancestors involved in Freemasonry, Eastern Star, Rainbow Girls, Oddfellows, and Rebecca Lodge, etc.

If yes, explain

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It is not necessary to go into detail with any of your responses: From birth and your early childhood, ask the Holy Spirit to show you any area of concern: Trauma during pregnancy by your mom or dad, divorce, words of "We shouldn't have this child." etc.

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Check each... Involvement (however innocently it may have been) with:

Ouija boards \_\_\_ Magic 8 ball \_\_\_  
Levitation games \_\_\_ Seances \_\_\_  
fortune tellers \_\_\_ tarot cards \_\_\_ astrology \_\_\_  
horoscopes \_\_\_  
Yoga \_\_\_ martial arts \_\_\_

fascination with books about magic \_\_\_ physics seers \_\_\_ Pokeman cards \_\_\_  
Harry potter books \_\_\_  
dungeon and dragons games \_\_\_  
Other (please indicate)

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Please list surgeries and approximate age

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Yes or No

Problems in home? \_\_\_\_\_

Parents divorced? \_\_\_\_\_ If so how  
how old were you? \_\_\_\_\_

Early childhood fears, injuries, nightmares, see things in your room, felt evil presence, etc?

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Any sexual abuse, or sexual embarrassment as a child?

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Spoken words from parents or others that were received as condemnation: "You're fat, you're stupid, you'll never amount to anything, you always mess up, I don't know why we had you. You can't be in our group, etc. embarrassing or humiliating experiences at school or from teacher?

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Any Physical abuse from parents or others?

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Do you have any objects in your home or possession that relate to ungodliness or cults, this would include new age religions, such as crystals, books about eastern deities, heavy metal music, Native American artifacts, wiccan, etc.

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Have you ever felt an evil presence in the room? \_\_\_\_\_

Recently? \_\_\_\_\_

If so, explain: \_\_\_\_\_

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Have you been diagnosed by a doctor as having : (list any diagnosis, diabetes, asthma, hypertension, etc.)

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Do you have inexplicable pain and no medical explanation for it? \_\_\_\_\_

Unusual feelings such as: Never really felt loved, couldn't please my father/mother, feelings of worthlessness etc. \_\_\_\_\_

Premarital sex \_\_\_\_\_  
Periods of immorality (age) \_\_\_\_\_

Drinking and/or drugs \_\_\_\_\_  
Unusual fears \_\_\_\_\_  
if yes, example \_\_\_\_\_

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Pornography \_\_\_\_\_ If yes:  
Exposed to at what age \_\_\_\_\_

Homosexual Urges \_\_\_\_\_

Fraternities / Sororities \_\_\_\_\_

Feelings of guilt / shame \_\_\_\_\_

Hopelessness \_\_\_\_\_

Fatigue without medical reason \_\_\_\_\_

Abortion \_\_\_\_\_

Unusual bouts with anger \_\_\_\_\_

Difficulty in forgiving \_\_\_\_\_

Is there bitterness, anger, or unforgiveness in your life now? \_\_\_\_\_  
If so can you forgive? \_\_\_\_\_

Have feelings of gloom \_\_\_\_\_

Suffered from self harm? \_\_\_\_\_

Do you hate yourself? \_\_\_\_\_

Feel rejected? \_\_\_\_\_

Do you have difficulty in trusting others? \_\_\_\_\_

If so, do you know why? \_\_\_\_\_

Death of someone close to you? \_\_\_\_\_  
Who? \_\_\_\_\_

Do you feel like you have any eating disorders? \_\_\_\_\_  
If so do you know when they began? \_\_\_\_\_

Approx. weight/ height \_\_\_\_\_

Sleep disorders? \_\_\_\_\_

Any medically defined disorder?

History of tuberculosis, diabetes, ulcers, cancer, heart problems in your family?

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Did you have imaginary friends as a child?

If so what were their names?

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A period of time when you were angry at God?

Please explain. \_\_\_\_\_

Have obsessive thoughts? \_\_\_\_\_

Blasphemous thoughts? \_\_\_\_\_

Compulsive thoughts? \_\_\_\_\_

Sexual dreams? \_\_\_\_\_

Lustful thoughts? \_\_\_\_\_

Daydream? \_\_\_\_\_

Diagnosed with depression? \_\_\_\_\_

Feel need to be in control? \_\_\_\_\_

Can you give an example?

\_\_\_\_\_  
\_\_\_\_\_

Have difficulty retaining God's word? \_\_\_\_\_

Difficulty in reading it? \_\_\_\_\_

Have migraine headaches? \_\_\_\_\_

Addictions? \_\_\_\_\_ What?

\_\_\_\_\_  
\_\_\_\_\_

Were you ever diagnosed with a learning disability like

(ADD,/ADHD), etc... \_\_\_\_\_

Have a fear of death? \_\_\_\_\_

Have fear of losing your mind? \_\_\_\_\_

Anxiety or panic attacks? \_\_\_\_\_

If so, when did they begin? \_\_\_\_\_

Rebellious? \_\_\_\_\_

On an insecurity scale of 1-10 with 10 being the worst, Circle which applies to you:

1 2 3 4 5 6 7 8 9 10

Female:

Pre-menopausal \_\_\_\_\_

In menopause \_\_\_\_\_

Post menopausal \_\_\_\_\_

P.M.S difficulties \_\_\_\_\_

Have you used birth control pills? \_\_\_\_\_

Diet or weight Control pills \_\_\_\_\_

Hormone replacement Pills \_\_\_\_\_

When attending church or other ministries, do you have "foul" thoughts, jealousies or other mental harassment?

\_\_\_\_\_

Feel incredible loneliness? \_\_\_\_\_

Have suicidal thoughts? \_\_\_\_\_

Plagued with doubt /unbelief? \_\_\_\_\_

Do you feel inferior? \_\_\_\_\_

Have thoughts of inadequacy? \_\_\_\_\_