

# RESTORATION PRAYER APPLICATION

## 1. Introduction

Welcome to the very beginning of our C4 Restoration Prayer Path.

We recognize that these questions may stir within you uncomfortable or painful memories or you may “draw a blank” and have no memories at all. Before you fill out the application, please pray the following prayer asking Jesus to be with you and to give you a clear mind.

### Prayer of Preparation

Lord Jesus Christ of Nazareth,

Right now, I surrender myself fully to You, Lord Jesus, especially my own thoughts and voice. I declare that You are my Lord and Savior. Please forgive me and cleanse me of all my sin and align me to You now Holy Spirit. I ask You, Lord Jesus, to deal with the voices of other people, the enemy and even my own thoughts. Please bind up, silence and remove all that is not of You, Lord Jesus, from me and this place now. I ask for Your complete protection. Please cover me now with the full armor of God – the helmet of salvation, the breastplate of righteousness, the belt of truth, the shoes of the gospel of peace, the sword of the Spirit, and the shield of faith. I pray all this in the strong name of Jesus Christ of Nazareth. Amen.

## 2. Personal Information

Name: \_\_\_\_\_ Age: \_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Church Affiliation Present: \_\_\_\_\_

Past: \_\_\_\_\_

Have you ever been baptized as: infant / youth / adult / never

Have you been involved in any of the following at C4 Church (or elsewhere), and please list the dates and duration:

Professional Counseling \_\_\_\_\_

Breakthrough: \_\_\_\_\_

Renewal Prayer: \_\_\_\_\_

Spiritual Direction: \_\_\_\_\_

C4 Connect Group: \_\_\_\_\_

Present Marital Status:

- |   |  |
|---|--|
| <input type="checkbox"/> never married              | <input type="checkbox"/> divorced & remarried    |
| <input type="checkbox"/> engaged to be married      | <input type="checkbox"/> widowed & not remarried |
| <input type="checkbox"/> married now for first time | <input type="checkbox"/> widowed & remarried     |
| <input type="checkbox"/> separated                  | <input type="checkbox"/> common law              |
| <input type="checkbox"/> divorced & not remarried   | <input type="checkbox"/> other (specify) _____   |

### 3. Emotional History

a) Do you know someone in your life with whom you could be emotionally honest with right now? Yes or No

Please share two names: 1. \_\_\_\_\_

2. \_\_\_\_\_

Could they be your Prayer Partners as you go through the Restoration Prayer Path? Yes or No

b) Do you currently have a mental health diagnosis (depression, bipolar, schizophrenia, etc.)?

\_\_\_\_\_

Are you currently taking any medication for such diagnosis? \_\_\_\_\_

## 4. Spiritual History

a) Is Jesus Christ your Lord and Saviour?

b) Suppose you were to die tonight and appear before God in heaven and He were to ask you, "By what right should I allow you into My presence?" How would you answer Him?

c) Briefly describe your Spiritual Journey.

d) Do you feel unusual discomfort (e.g. watering of eyes, physical pains, burning sensations, confusion – emotional/mental, loss of or impairment to senses, sight, hearing, touch, taste, smell) when:

- Reading or touching the Bible
- Praying or worshipping God
- Taking communion

f) Why do you think you need Restoration Prayer? Describe the feelings or experiences that have brought you to this belief.

g) Do you know of any specific demonic influences in your life and where they may have come from? If so, please explain:

Please place a check in each box in which you, a family member or your ancestors have participated in:

Self   Family

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Been involved in an Abusive Relationship   |
| <input type="checkbox"/> | <input type="checkbox"/> | Generational patterns of behaviour (i.e. failing relationships/marriages, illnesses, financial and/or emotional struggles) |
| <input type="checkbox"/> | <input type="checkbox"/> | Heard voices in your mind or had compulsive thoughts that were foreign to what you believe                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | History of Mental Illness  |
| <input type="checkbox"/> | <input type="checkbox"/> | Neglect/Abandonment  |
| <input type="checkbox"/> | <input type="checkbox"/> | Nightmares (presently or as a child)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Oppressive Depression  |
| <input type="checkbox"/> | <input type="checkbox"/> | Periods (in your childhood or the present) where you cannot remember what happened   |
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent Fear or severe Anxiety  |
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent negative thoughts   |
| <input type="checkbox"/> | <input type="checkbox"/> | History of Slavery   |
| <input type="checkbox"/> | <input type="checkbox"/> | Survivor of an Abortion or had an abortion   |
| <input type="checkbox"/> | <input type="checkbox"/> | Unusual Fatigue / Sleep disturbances / Insomnia /  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual promiscuity   |
| <input type="checkbox"/> | <input type="checkbox"/> | Been involved in Satanism or dabbled in the Occult   |
| <input type="checkbox"/> | <input type="checkbox"/> | Been involved in Cults or other Religions  |
| <input type="checkbox"/> | <input type="checkbox"/> | Experience intense Anger or Rage   |
| <input type="checkbox"/> | <input type="checkbox"/> | Struggle with Lying or Stealing  |
| <input type="checkbox"/> | <input type="checkbox"/> | Addictions – (Alcohol, Drugs, Gambling, etc.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Pain that cannot be medically explained  |
| <input type="checkbox"/> | <input type="checkbox"/> | Experienced Trauma (i.e. severe accidents, rape, pedophilia, molestation, significant personal losses etc.)                |

# Restoration Prayer Informed Consent

I understand that I have voluntarily chosen to partake in the Restoration Prayer Path and that this activity is something I choose and want to do.

I understand that a successful experience requires that I am a professing believer in Jesus Christ and that I sincerely want to be freed from spiritual bondage.

I understand that the process will involve: Biblical teaching, prayers to God, prayers against any evil spirits, Bible reading, questions, answers and discussion. I understand that at any time I am free to ask questions and for clarification about the Restoration Prayer Path.

I understand that at anytime, I am free to leave if I so choose.

I understand that the purpose of the Restoration Prayer Path is to help me.

I understand that if at any time during this process the Restoration Prayer Team feels I am not ready to proceed to the next step, that they may refer me for additional counseling before continuing the deliverance process.

I acknowledge that the members of C4's Restoration Prayer Team are 'helpers' and are not trained professionals. I understand that they are assisting me to achieve spiritual freedom which is my responsibility. I recognize that the activity may be emotionally draining and that I may experience spiritual attack that may manifest itself as fear, anxiety, worry, confusion, anger and/or destructive thoughts. I explicitly accept any physical, emotional, mental and spiritual outcome.

## Limits of Confidentiality:

This application is considered to be confidential but if a participant discloses that he/she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the team is required to report this information to the appropriate social service and/or legal authorities.

I understand the purpose of the Restoration Prayer Path and I freely give my informed consent to participate in the process.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\* When completed, please email this form to [restorationprayer@c4church.com](mailto:restorationprayer@c4church.com) or drop it in person to the C4 Church Main Office – Attention: RESTORATION PRAYER. Once we receive your application, you will be contacted to arrange an appointment. Thank you for taking the time to complete this questionnaire. We look forward to praying with you!