



IFM PERSONAL QUESTIONNAIRE FOR

Minister's Name: _____ Date of Ministry: _____

INTRODUCTION AND DESCRIPTION OF MINISTRY

The Restoring the Foundations (RTF) Issue-Focused Ministry (IFM) is for the person who wants help with one issue that is adversely affecting his/her life. Please fill out the following pages to provide your Minister information that will help determine the root issues underlying your issue.

Please give this filled-out Personal Questionnaire (PQ) to your Church IFM Ministry Leadership several days before your scheduled ministry. This PQ will be returned to you after the ministry.

Generally the RTF Issue-Focused Ministry will be accomplished in one 2-3 hour meeting. Your Minister and his/her assistant will normally be the ones ministering to you.

If you should need additional ministry, your Minister, along with other Church Oversight leaders, can discuss with you the best possibility for referral.

Please sign and date both Waiver of Liability and Confidentiality forms found in this PQ. Your Minister will keep one form and the other one will be filed in the Church office.

PERSONAL INFORMATION

Name: _____ Address: _____

City/State/Zip: _____

DOB: _____ Age: _____ Home Phone: _____ Cell: _____

Email: _____

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 Rate Your Marriage: Dissatisfied ☐ Average ☐ Satisfied ☐ Very Satisfied ☐

If your current issue involves your spouse, is he/she willing to also receive 1-2 ministry sessions?

Yes ☐ No ☐ Uncertain ☐ Is spouse saved? Yes ☐ No ☐ Uncertain ☐

Is this your first marriage? Yes No If not, please explain: _____

CHILDREN

If you have any children or step-children, please fill in the following information.

Name	Age	Sex	From which Marriage?	Self Supporting?	Married?	Still Alive?	Age at and Cause of Death
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SPIRITUAL/RELIGIOUS 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? Yes ☐ No ☐ When? _____

Describe your present relationship with the Lord: _____

Please list all previous church affiliations: _____

DESCRIPTION OF YOUR CURRENT ISSUE

1. Describe the issue that prompted you to seek ministry at this time.

2. How is your life affected by this issue?

3. How do you feel about yourself because of this issue?

4. What is the most painful or difficult thing for you about this issue?

5. On a scale of 1-10, how painful is this issue (10 being very painful)?

6. How are others that you love being affected because of this issue?

7. How is your relationship with God being affected by this issue?

8. When did the issue begin? Is it an ongoing issue?

9. List any similarities between your current issue and painful situations you have experienced in your childhood. List any similarities with painful situations in the more recent past.

10. What will happen if this issue is not resolved?

11. What do you see as your ‘contribution’ to the issue?

12. What patterns or issues in your family line do you believe may be similar to your issue?

13. What ways have you already tried to resolve this issue?

14. Please list any word curses spoken to/about you, either currently or in the past, that could relate to your current issue. (example: “You are such a failure,” or “You are so stupid.”)

15. Please list any curses (or thoughts) you have spoken about yourself that relate to the issue. (example: “I will never be able to succeed.”)

16. Please list any judgments or vows you have made against anyone else that might relate to your current issue. (example: “Men/women are untrustworthy and will always let me down.”)

ANCESTORS' BACKGROUND

Pages 4 and 5 give you an opportunity to present an overview of your ancestors and their areas of sin that might be having **an impact on your current issue**.

From what country(s) did your ancestors originally come? _____

What are the ethnic backgrounds of your ancestors? _____

What are the church backgrounds of your ancestors? _____

In what geographic areas have they primarily lived? _____

Were they ever connected with slavery, i.e., owners, traders, or slaves? _____

Were they involved in unfair business practices? _____

Were they involved in the occult? _____

Most family members are/were saved ☐ Most family members are not /were not saved ☐

Please include any other information that is relevant to your current issue. _____

PARENTS' BACKGROUND

Parents: Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Saved? Father ☐ Mother ☐

Rate your parents' marriage: Unhappy ☐ Average ☐ Happy ☐ Very Happy ☐

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

Father remarried when you were age _____ Mother remarried when you were age _____

You lived with: Father ☐ Mother ☐ Step Parent ☐ Foster Parent ☐ Other _____

Father deceased? Yes ☐ No ☐ How old were you at the time of death? _____

Mother deceased? Yes ☐ No ☐ How old were you at the time of death? _____

On a scale of 1- 10, rate how much each parent loved you. Give examples of how they showed their love.

Father: _____

Mother: _____

Give three words that characterize your relationship with your father. 1. _____

2. _____

3. _____

Give three words that characterize your relationship with your mother. 1. _____

2. _____

3. _____

PLEASE FILL IN THE BLANK

I often felt that my mother _____.

I often felt that my father _____.

Commitment, Referral, and Waiver of Liability and Confidentiality

Church Office Copy

EXPECTATIONS OF YOUR COMMITMENT

I understand it is expected that I have a sincere desire to overcome whatever problems are hindering me, and I am expected to cooperate fully with my Minister and with the Holy Spirit in order to facilitate receiving God's help. My Minister may ask me to pray, fast, or do some outside 'homework' in conjunction with my ministry. He also may ask me to be accountable to him for some specific areas of my life or for some specific behaviors.

REFERRAL

If my Minister is not equipped or able to minister to my particular need or if I need longer term ministry, he may, in conjunction with the Pastors and/or their designated representative, refer me to appropriate help.

WAIVER OF LIABILITY

I understand that I will be seeing a Minister who will be able to listen, support, encourage, pray, and minister to me to help me overcome my problem(s) and to grow in my Christian life. I accept that he may not be a licensed or professional pastor or counselor.

WAIVER OF CONFIDENTIALITY

I am aware that all statements that I shall make to the Minister (and to any other assistant present) are of a confidential nature, including all written information, and that legally and ethically these may not be disclosed without my written consent. However, I waive my right to 'complete' confidentiality in the following situations:

- I accept that my Minister may give a verbal summary report of the ministry to his oversight person.
- I accept that my Minister may consult with the Church Pastors and/or their designated representatives concerning his ministry to me with the purpose of providing me with more effective ministry.
- I accept that the Church Pastors, and/or their designated representatives, will be informed of any ongoing, willful sin in my life in which I am not willing to pursue freedom and healing.
- I acknowledge that Pastors, Counselors, Church or Cell/Small Group Leaders, Ministers or any other persons involved in working with adults and children in a helping setting are either encouraged or required by law to disclose to the appropriate person, agency, or civil authority any harm, or potential harm, that a person may attempt or desire to do to one's own self or to others.
- I acknowledge that Pastors, Counselors, Cell/Small Group Leaders, Ministers etc., are also required to report any reasonable suspicion of physical or sexual abuse that has been done or that is being done to a minor child.
- I accept that all Pastors, Counselors, Cell/Small Group Leaders, Ministers, etc. at _____ Church reserve the right to make such reports as mandated by law whether or not they confer with me first.

By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Waiver of Confidentiality and that I accept the stated conditions and limits of confidentiality.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Phone: _____

Minister's Name: _____ Phone: _____

Assistant Minister's Name: _____ Phone: _____

Commitment, Referral, and Waiver of Liability and Confidentiality

Minister Copy

EXPECTATIONS OF YOUR COMMITMENT

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Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Phone: _____

Minister's Name: _____ Phone: _____

Assistant Minister's Name: _____ Phone: _____

FAMILY PATTERNS

Answer Questions 1-2 as how they **strongly relate** to your current issue.

1. What are some **common negative emotions** in your family line that may or may not be in your life also?
(example – shame, guilt, fear, rejection, etc.)

2. What are some **common negative behaviors** in your family line that may or may not be in your life also?
(example – religious, rebelliousness, people pleasing, controlling, etc.)

OPEN DOORS, FAMILY SIN PATTERNS

Please identify the sin patterns that your ancestors, and/or you, are involved with that relates to your issue. The 'S' (self) column is for you and the 'A' (ancestors) column is for your parents, grandparents, and/or your great grandparents. Please check (X) each pattern that applies. Please check (X) the 'R' (related) column for each pattern that you believe **strongly relates** directly to your current issue. Please consider these items as honestly as you can.

Examples:

A	S	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Failure

A	S	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Pride (Strongly Related to My Issue)

(Note: in the examples, both ancestors and 'self' were involved in these sins.)

A S R

- | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abandonment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Emotional |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Physical |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Sexual |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Spiritual |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abuse Verbal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Addictions/Compulsions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anxiety |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anorexia/Bulimia |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anger/Rage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bitterness/Criticalness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bound/Hindered Emotions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chronic Illness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confusion |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Communication, Little or Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Control Issues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cult Involvement |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cutting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cyber Sex |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Death, Premature Death |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deception/Lying |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deceptive Business Practices |

A S R

- | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Demonic Torment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Depression/Grief |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Divorce/Separation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drugs, Legal/Illegal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emotional Abandonment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Failure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family Secrets |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Favoritism |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fears/Anxiety |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Financial Issues/Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Freemasonry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gender Identity Confusion |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Idolatry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Job Related Issues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lack of Intimacy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal Issues/Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loss |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Marriage Issues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neglect |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mental Illness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | New Age/Gothic |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not Wanted/Outsider |

A S R

- | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Occult Involvement |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parents/In-Law Issues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perfectionism |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Post Traumatic Stress Syn |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Premarital Issues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pride |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rebellion |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rejection |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Religious Issues/Legalism |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sexual Bondage/Issues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shame/Guilt |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sleep Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strife/Division |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Suicide Thoughts/Attempts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trauma |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unbelief/Doubt |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unfulfilled Lives |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unforgiveness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unworthiness/Inferiority |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Victimization/Passivity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Violence |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawal |

Ungodly Beliefs about Myself

Read the following statements and check (✓) the ones that **directly relate** to your current issue. (By the way, all of us have Ungodly Beliefs! ٥)

Theme: Rejection, Not Belonging

- ☐ 1. I don't belong. I will always be on the outside (left out).
- ☐ 2. My feelings don't count. No one cares what I feel.
- ☐ 3. No one will love me or care about me just for myself.
- ☐ 4. I will always be lonely. The special man (woman) in my life will not be there for me.
- ☐ 5. _____

Theme: Unworthiness, Guilt, Shame

- ☐ 1. I am not worthy to receive anything from God.
- ☐ 2. I am the problem. When something is wrong, it is my fault.
- ☐ 3. I am a bad person. If you knew the real me, you would reject me.
- ☐ 4. If I wear a mask, people won't find out how horrible I am and reject me.
- ☐ 5. I have messed up so badly that I have missed God's best for me.
- ☐ 6. _____

Theme: Doing to achieve Self worth, Value, Recognition

- ☐ 1. I will never get credit for what I do.
- ☐ 2. My value is in what I do. I am valuable because I do good to others or because I am 'successful.'
- ☐ 3. Even when I do or give my best, it is not good enough. I can never meet the standard.
- ☐ 4. God doesn't care if I have a 'secret life,' as long as I appear to be good.
- ☐ 5. _____

Theme: Control (to avoid hurt)

- ☐ 1. I have to plan every day of my life. I have to continually plan/strategize. I can't relax.
- ☐ 2. The perfect life is one in which no conflict is allowed and so there is peace.
- ☐ 3. I can avoid conflict that would risk losing others' approval by being passive and not do anything.
- ☐ 4. The best way to avoid more hurt, rejection, etc., is to isolate myself.
- ☐ 5. _____

Theme: Physical

- ☐ 1. I am unattractive. God shortchanged me.
- ☐ 2. I am doomed to have certain physical disabilities. They are just part of what I have inherited.
- ☐ 3. _____

Theme: Personality Traits

- ☐ 1. I will always be _____ (angry, shy, jealous, insecure, fearful, etc.).
- ☐ 2. I will never be _____ (likable, lovable, happy, safe, content, etc.).
- ☐ 3. _____

Theme: Identity

- ☐ 1. I should have been a boy (or girl), then my parents would have valued/loved me more ..., etc.
- ☐ 2. Men (women) have it better.
- ☐ 3. I will never be known or appreciated for my real self.
- ☐ 4. I will never really change and be as God wants me to be.
- ☐ 5. I am not competent/complete as a man (woman).
- ☐ 6. _____

Theme: Miscellaneous

- ☐ 1. I have wasted a lot of time and energy, some of my best years.
- ☐ 2. Turmoil is normal for me.
- ☐ 3. I will always have financial problems.
- ☐ 4. _____

Ungodly Beliefs about Others

Theme: Safety/Protection

- ☐ 1. I must be very guarded about what I say since anything I say may be used against me.
- ☐ 2. I have to guard and hide my emotions and feelings.
- ☐ 3. I cannot give anyone the satisfaction of knowing that they have wounded or hurt me. I'll not be vulnerable, humiliated, or shamed.
- ☐ 4. The best way to survive is to (☐ avoid, ☐ overpower) other people.
- ☐ 5. I will always need to be strong in order to protect and defend myself.
- ☐ 6. It's not safe to submit myself to anyone.
- ☐ 7. _____

Theme: Retaliation

- ☐ 1. The correct way to respond if someone offends me is to punish them by withdrawing and/or cutting them off.
- ☐ 2. I will make sure that _____ hurts as much as I do!
- ☐ 3. _____

Theme: Victim

- ☐ 1. Authority figures will humiliate me and violate me.
- ☐ 2. I will always be used and abused by other people.
- ☐ 3. My value is based totally on others' judgment/perception about me.
- ☐ 4. I am completely under their authority. I have no will or choice of my own.
- ☐ 5. I will not be known, understood, loved, or appreciated for who I am by those close to me.
- ☐ 6. The significant people in my life are not there for me and will not be there for me when I need them.
- ☐ 7. _____

Theme: Hopelessness/Helplessness

- ☐ 1. I am out there all alone. If I get into trouble or need help, there is no one to rescue me.
- ☐ 2. I have made such a mess of my life there is no use going on.
- ☐ 3. I am a victim of my circumstances and there is no hope for change.
- ☐ 4. I'm all alone.
- ☐ 5. Something is wrong with me.
- ☐ 6. _____

Theme: Defective in Relationships

- ☐ 1. I will never be able to fully give or receive love. I don't know what it is.
- ☐ 2. If I let anyone get close to me, I may get my heart broken again. I can't let myself risk it.
- ☐ 3. If I fail to please you, I won't receive your pleasure and acceptance of me.
- ☐ 4. I must strive (perfectionism) to do whatever is necessary to try to please you.
- ☐ 5. I will never be a priority with those in authority over me.
- ☐ 6. _____

Theme: God

- ☐ 1. God loves other people more than He loves me.
- ☐ 2. God only values me for what I do. My life is just a means to an end.
- ☐ 3. No matter how much I try, I'll never be able to do enough nor do it well enough to please God.
- ☐ 4. God is judging me when I relax. I have to stay busy about His work or He will punish me.
- ☐ 5. God has let me down before. He may do it again. I can't trust Him or feel secure with Him.
- ☐ 6. _____
- ☐ 7. _____

FINAL COMMENTS

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

[illegible]

MINISTER'S NOTES

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.