Consent to Minister Form

Corner Stone Deliverance Church Apostolic Center *Deliverance Ministry | Stewardship & Structure*

SECTION 1: Personal Information

Full Name: _____ Date of Birth: _____
Phone Number: _____ Email Address:
_____ Date of Session (if scheduled):
_____

SECTION 2: Spiritual Alignment

Please affirm the following by initialing each statement:

☐ I confess Jesus Christ as my Lord and Savior.
☐ I understand that deliverance is a spiritual process, not a medical or psychological service.
☐ I am participating voluntarily and without coercion.
☐ I have completed the Deliverance Intake Form truthfully and to the best of my ability.
☐ I agree to follow the Post-Deliverance Care Guide provided to me.
☐ I understand that Corner Stone Deliverance Church does not guarantee specific outcomes.

SECTION 3: Consent & Release

By signing below, I acknowledge and agree to the following:

- I give Corner Stone Deliverance Church permission to minister to me through prayer, biblical counsel, and spiritual deliverance.
- I understand that this ministry is conducted under apostolic authority and biblical doctrine.

- I release Corner Stone Deliverance Church, its leaders, and ministers from any liability related to my participation in this spiritual process.
- I understand that all sessions are confidential and will not be recorded or shared without my written consent.
- I understand that I may be asked to sow a voluntary seed of honor in support of the ministry, but this is not required for participation.

SECTION 4: Signature

Participant Signature: _____ **Date:** _____
Printed Name: _____

Minister/Facilitator Signature: _____ **Date:** _____
Printed Name: _____

📞 For questions, contact the Apostolic Center at **(516) 985-7577** 🌱 To sow your seed of honor, visit our [Giving Portal] or give in person.