

Beloved _____

Session # 2

Date _____

Beloved's Renunciations List

Check all of the Beloved's needed renunciations using the completed Profile Form and the chart.
Then guide the Beloved in reciting each renunciation aloud using the alphabetized Renunciation Directory.
When Beloved is finished reading each renunciation, check the *Done!* box.

Needed?		Done!	Needed?		Done!
<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
<input type="checkbox"/>	Abortion	<input type="checkbox"/>	<input type="checkbox"/>	Mormonism	<input type="checkbox"/>
<input type="checkbox"/>	Addictions	<input type="checkbox"/>	<input type="checkbox"/>	Occult	<input type="checkbox"/>
<input type="checkbox"/>	Anger	<input type="checkbox"/>	<input type="checkbox"/>	Perfectionism	<input type="checkbox"/>
<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	<input type="checkbox"/>	Physical Diseases	<input type="checkbox"/>
<input type="checkbox"/>	Catholicism	<input type="checkbox"/>	<input type="checkbox"/>	Pornography	<input type="checkbox"/>
<input type="checkbox"/>	Control	<input type="checkbox"/>	<input type="checkbox"/>	Programming, Formal	<input type="checkbox"/>
<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Programming, Informal	<input type="checkbox"/>
<input checked="" type="checkbox"/>	False Identity	<input type="checkbox"/>	<input type="checkbox"/>	PTSD	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Fear	<input type="checkbox"/>	<input type="checkbox"/>	Rebellion	<input type="checkbox"/>
<input type="checkbox"/>	Financial Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Rejection	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Freemasonry	<input type="checkbox"/>	<input type="checkbox"/>	Secrecy	<input type="checkbox"/>
<input type="checkbox"/>	Greed	<input type="checkbox"/>	<input type="checkbox"/>	Shame & Self-Hatred	<input type="checkbox"/>
<input type="checkbox"/>	Grief	<input type="checkbox"/>	<input type="checkbox"/>	Separation & Divorce	<input type="checkbox"/>
<input type="checkbox"/>	Hypochondria	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Immorality	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Idolatry	<input type="checkbox"/>	<input type="checkbox"/>	Spirit of Death	<input type="checkbox"/>
<input type="checkbox"/>	Infertility	<input type="checkbox"/>	<input type="checkbox"/>	Violence	<input type="checkbox"/>
<input type="checkbox"/>	Islam	<input type="checkbox"/>	<input type="checkbox"/>	Yoga	<input type="checkbox"/>