



Bereavement Registration Form

Date _____

Name _____ Goes By _____

Address _____ City _____

Phone (_____) _____ Email _____

Emergency Contact:

Name _____ Phone (_____) _____

I am grieving the loss of (Name/Relationship): _____

When did this loss occur? _____

How did you hear about Growing Through Grief?

- St. Lad's bulletin St. Lad's website
 Bulletin from another parish Friend/Relative
 Other

Have you attended a support group before? Yes No

What are your expectations of the group?

- Feel supported Make friends Learn about grief Resources
 Express my grief in a faith setting
 Other:

Comments