

# Grief Support Registration Information

*Welcome and thank you for choosing to join this Bereavement and Grief Support Group! Be assured of our sympathy and prayerful support as you seek resolution to your loss and grief. Please be reminded that this is a Support group and that you will be journeying with others. Therefore, you will be asked to sign an agreement designed to ensure the safety and a successful experience of EVERY group member.*

*Once again thank you! May the Lord grant you peace and healing.*

**Please Print the following:**

**Today's Date** \_\_\_\_\_

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

Best Phone Number to Reach You: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Church: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reason for seeking support:**

Death of Loved One \_\_\_ Serious Illness of Loved One \_\_\_ Your Own Illness \_\_\_

Concern for child or Loved one impacted by a loss/illness \_\_\_

**When did your loved one die?** \_\_\_ less than a month ago \_\_\_ under 6 months ago

\_\_\_ 6-12 months ago \_\_\_ over 1 year ago \_\_\_ over 18 months ago

**Please circle your relationship:** Mother Father Sibling Husband Wife

Child Others

**I am interested in:**

Group Therapy \_\_\_\_\_ Individual Counseling \_\_\_\_\_

Additional Info: (Optional)