



St. Patrick's Parish
Bereavement Support Group
For Adults over the Age of 18
Adult Registration Form

Thank you for registering for the St. Patrick's Bereavement Support Group. Please complete the following information to help us with prepare for the group. **Return the completed registration form to St. Patrick's Parish Office in the envelope provided.**

Your Information

First/Last Name:

Phone #:

Email Address:

 Place an "X" if you agree to share your email with others in the group.

Emergency Contact Information

Name:

Phone #:

Your Loved One's Information

Their Name:

Your Relationship:

Date of Death:

How did you hear about the Bereavement Group?

Bereavement History

Please provide us with a brief description of your loss.

What are you hoping to gain from this support group session?

I understand that the Adult Bereavement Support Group at St. Patrick's Parish is intended for grief-related support. It is not psychotherapy. All information shared in the group is to be held confidential by both participants and facilitators.

Signature: _____

Date: _____