



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: \_\_\_\_\_