



# 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.

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

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*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: \_\_\_\_\_