

Seasons of Grief



Registration

Name: _____

Address: _____

Home Telephone: _____

e-mail Address : _____

Name of your loved one who died: _____

Relationship: _____ Date of Death: _____

If spouse, how long were you married? _____

Loved one's age at death: _____

Cause of death: (accident, sudden illness, chronic illness?) _____

Have you participated in any other grief support groups? Yes ____ No ____

If yes, where? _____

I understand that punctual weekly attendance is vital to the success of the group. Being present each time encourages the building of community around our shared grief.

Signed: _____ Date: _____

We look forward to your participation. Please return this registration form to the church office (St. John in the Wilderness, P. O. Box 185, Flat Rock, NC 28731, Attn: Seasons of Grief)