



GriefShare

Support Group Registration Form

(POP values your privacy and we have a strict policy of confidentiality for personal information and for all discussions)

Name _____ Date _____

Address _____

Phone (primary # / secondary #) _____ / _____

Email _____

Would you like us to share your e-mail address with others in the group? Yes No

Emergency contact person (name / phone) _____

Registration fee: **None** (and a complimentary "GriefShare Workbook" is included)

Currently, the GriefShare Sessions are presented in English only. We have no child care available & this program is not suitable for children under 14 years old. Please contact Prince of Peace (POP) if you need help with any of these issues.

How did you hear about GriefShare? (Please check all that may apply)

- Flyer or brochure (if so, from where?) _____
- POP Church Bulletin
- Other (POP reader board on Hwy 249; from another church; etc.) _____
- A friend or family member
- An announcement after mass
- A Website - POP ? _____ GriefShare ? _____ Other ? _____

Have you previously attended any other grief support group? _____ How many sessions? _____

It would be helpful if you could share a little information about the person you lost and when the loss occurred:
