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 GriefSupportServices  
 @HarborHospiceMI.org  
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## Adult Grief Support Group Registration

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I heard about this group from:

- |   |   |
|---|---|
| <input type="checkbox"/> Mailing                              | <input type="checkbox"/> Family/friend                        |
| <input type="checkbox"/> Newspaper/radio/TV                   | <input type="checkbox"/> Physician's office/hospital/facility |
| <input type="checkbox"/> Phone call from Harbor Hospice       | <input type="checkbox"/> Community calendar                   |
| <input type="checkbox"/> Harbor Hospice employee or volunteer | <input type="checkbox"/> Other agency or counselor            |
| <input type="checkbox"/> Harbor Hospice website               | <input type="checkbox"/> Other: _____                         |

### My Loss:

Name of deceased: \_\_\_\_\_ Date of death: \_\_\_\_\_

How the person is related to me: \_\_\_\_\_

How the death occurred: \_\_\_\_\_

Other losses in the last two years: \_\_\_\_\_

The most difficult part for me right now is: \_\_\_\_\_

The thing that helps me the most right now is: \_\_\_\_\_

What I most hope to gain from this group is: \_\_\_\_\_

Your signature below indicates that you agree to the following:

- I will not attend group in person if I have any symptoms of illness.
- Depending on the size of the group, I understand that seating may be in close proximity to others, and that other participants may or may not be vaccinated.
- Because pre-registration is required, I will not share the online group link with others or bring non-registered individuals to an in-person group meeting.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This information is confidential.