

**Bereaved Families of Ontario-Midwestern Region**

P.O. Box 25017, Kitchener ON N2A 4A5 Phone: 519-894-8344  
email: support@bfomidwest.org website: www.bfomidwest.org

**Growing Through Grief Registration Form**

The information on this registration form will assist the group coordinators in preparing for the group. It is confidential and will not be shared without your written permission.

**Attendee Name:**

---

**Attendee Name:**

---

**Address:**

---

---

**Telephone #(day time hours)**

---

**(evening hours)**

---

**Email:**

---

**Is email:**  Private  Family  Work  I prefer not to receive email

---

**Will you be attending all five sessions?**  Yes  No

---

**If no, please indicate the dates you will be absent:**  Yes  No

---

**Dates unable to attend:**

---

**May we add you to our quarterly newsletter?**  Yes  No  Already Receive it

---

**Would you like a Memorial for your Loved One in our Newsletter? If yes please provide the following information:**

---

**Name of Loved One who has died:**

---

**Date of Death:**

---

**Remembered By:**

---

---

---

**Do you receive emotional support from:**

Family  Friends  Co-workers  Clergy  Therapist  Support group

---

**Additional Stresses:**

Problems at work  Financial  Marital  Physical  Other deaths

---

