

**Bereaved Families of Ontario-Midwestern Region**

P.O. Box 25017, Kitchener, ON N2A 4A5 Phone 519-603-0196 Fax 519-603-0198

Email: support@bfomidwest.org Website: www.bfomidwest.org

**Widow/Widower Support Group Registration Form**

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

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone # (day time hours): \_\_\_\_\_

(evening hours): \_\_\_\_\_

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

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

Are you able to attend all sessions?  Yes  No

If no, please indicate the dates you will be absent. In order to ensure group success we ask that you miss no more than 2 group sessions. \_\_\_\_\_

\_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Names & Ages of children living at home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your family ethnicity? (optional): \_\_\_\_\_

