

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

Parent Support Group Registration Form – Infant Loss

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.

Mother's Name:

Father's Name:

Address:

Telephone #(day time hours)

(evening hours)

Email:

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

Who will attend meetings? Father Mother

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 your child:

Date of Birth/Delivery:

Male Female

Date of Death:

Term in pregnancy:

Cause of Death:

How long did your baby live(if applicable):

Do you have other children at home? (name/s & age/s):

Children living outside the home? (name/s & age/s):

Your family ethnicity? (optional)

Over ←

6/30/2010

