

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

LEGACY Spousal 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): _____

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