

REGISTRATION FOR HOSPICE OF DUBUQUE GRIEF SUPPORT GROUP

Please answer these questions completely so that we will know where we need to focus the educational portion of the sessions.

1. Name: _____

2. Home address: _____

City: _____ State: _____ Zip: _____

3. Email address: _____

4. Phone number-Home/Work/Cell: (h) _____ (w) _____ (c) _____

5. Name of person who has died: _____

Relationship of deceased to self: _____

How long ago was the death: _____ Date: _____

Circumstances of the death: _____

6. Do you have someone you can share with and talk to openly about your grief? _____

Explain who this person is and how they are able to help you with your grief: _____

7. Are there special needs that you would like addressed in this group? Please state: _____

Please check the group below:

_____ **Tuesday evenings, February 21st – March 27th, from 6:30 – 8:30 pm**

_____ **Wednesday afternoons, February 22nd – March 28th, from 1:00 – 3:00 pm**

Signature of person registering: _____

Date of completion of registration form: _____