

ENROLLMENT FORM FOR GRIEVING WITH GREAT HOPE

Printing clearly, please complete this enrollment form.

Please send or leave completed form to/in the office of the Holy Cross or Our Mother of Sorrows.

One enrollment form for each participant.

Name: _____ Date of program: _____

Phone Number: Cell _____ Home _____ Email _____

Circle appropriate: Age group: 18-25 / 26-35 / 36-45 / 46-55 / 56-65 / 65 +

Please tell us about your loss/losses: (Circle loss) Spouse / Child / Grandchild / Parent / Grandparent / Friend / Other: _____

Date of death: _____ Was your loss sudden? yes ___ no ___

If you like, please list name(s) of your loved one(s): _____

Please list any other losses in the last five years: _____

Is there anything else you would like to share with us? _____

Do you have any special needs? _____

To enroll in this "in person" program, you may send to or leave completed form in the office of either Our Mother of Sorrows or Holy Cross Church.

Registration may also be done via phone to OMOS office at 6635432 OR at HC office at 6632244.