



Good Grief Bereavement Group
Registration Form

Family Center Location:
Loudoun Location:

Name Email

Address City State Zip

Phone (h) (c) (o)

Others living with you

Name of person who has died Age

Relationship to you Date of death

If spouse/significant other, number of years married (together)

Type of cancer Other

Other deaths in the past three years;
Relationship Age Cause

Other losses within the past year:
Home Pet Independence Other:
Moving Job Friends
Divorce Health Financial

Issues/concerns in your coping:
Anger Sad Feeling hopeless Other:
Guilt Sleeping Feeling suicide
Depressed Fears Making decisions

Are you currently, or have you recently been, in counseling?

Who/what are your supports?

What are your goals in joining this group?

Please return this form to Life with Cancer:
Email: drucilla.brethwaite@inova.org
Mail: Life with Cancer, 8411 Pennell Street, Fairfax, VA 22031
Fax: 703-846-0937