

St. Mary's Church  
One Phalanx Road  
Colts Neck, NJ 07722

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency (nearest relative/friend and relationship):

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Are you under the care of a physician or therapist for depression or any other mental health condition? \_\_\_\_\_ Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

1. Please name the person/s you are grieving, date of death, relationship.

\_\_\_\_\_

2. What were the circumstances of your loved ones death? (Illness, accident)

\_\_\_\_\_

3. What do you hope for yourself by participating in this support group?

\_\_\_\_\_

4. What specific grief issues do you want to address? (Guilt, denial, etc.)

\_\_\_\_\_

5. How did you learn about St. Mary's Bereavement Support Group?

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