



**Grief Support Group  
Adult Enrollment Form**

Name \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Do you live within St. Louis City Limits?  Yes  No

If not, in what county do you live? \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

|  |                              |
|--|------------------------------|
| Who will be attending the support groups with you? | Your Relationship to him/her |
|--|------------------------------|

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Background information on the deceased individual(s).**

Full Name: \_\_\_\_\_

His/Her relationship to you: \_\_\_\_\_

What is your relationship to him/her? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Former Place of Employment (if applicable): \_\_\_\_\_

Nature of Death: please check all that apply

|  |                                   |                                       |   |
|--|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Short Illness | <input type="checkbox"/> Accident | <input type="checkbox"/> Suicide      | <input type="checkbox"/> Cancer                       |
| <input type="checkbox"/> Long Illness  | <input type="checkbox"/> Murder   | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Other (please explain below) |

Please give a brief account of the death.

Please list ***your*** prior loss experiences (death, divorce, separation, job losses, physical abilities, unfulfilled dreams, etc.)

Please briefly describe your relationship with your child or each of your children. How well do you communicate, have there been changes since your loved one's death, etc?

Have you ever been involved in any other support group or participated in any professional counseling? If so, please explain:

Since your loved one's death, what has been the most difficult for you?

**Right now**, what is the hardest part for you since your loved one's death?

What do you hope to gain from attending the support groups?

Please share with us any social, emotional, physical or psychological struggles/challenges/limitations that you are experiencing now or in the past.

Are you allergic or fearful of dogs?      Yes      No

