

Youth Grief Support Group Registration Form

Youth's Name:

Youth's Parent/Guardian Name:

Date of Birth:

Age:

Address:

City, State, Zip

In case of emergency, if parent/guardian is not reachable. List someone you would like us to contact.

Name:

Phone:

Name of person who died:

Date of death:

Relationship to youth:

Cause of death:

Sibling(s) name(s) and age(s):

What other significant changes have taken place in youth's life during past two years?

What other experiences has your youth had with someone who has died?

Are there any concerns for your youth that you would like to comment on?

Parent/Guardian Signature:

Date: