

St. Andrew the Apostle Catholic Faith Community
SEASONS OF HOPE BEREAVEMENT SUPPORT GROUP
Registration Form

Name: _____ Age: _____

Address: _____

Phone: (H) _____ (C) _____

E-mail: _____ Where is your home Parish: _____

How did you learn about St. Andrew's Season's of Hope Bereavement Support Group? _____

Name of Deceased: _____ Age: _____

Cause of Death: _____ Date of Death: _____

What is your relationship to the deceased? _____

Have you previously pursued counseling to help you with your grieving? YES NO

If yes, please explain: _____

Describe your current support system: _____

What helps you get through the day? _____

Please list any other recent deaths or major changes in your life: _____

What are your expectations of a bereavement support group? _____

What group type are you registering for? (please check one) FRIENDS/FAMILY WIDOW/WIDOWERS

I need a workbook (please check one) Yes No

PLEASE NOTE: Due to COVID-19, the support group will be meeting via Google Meet until further notice. At this time, in lieu of the \$20 workbook fee, we are requesting a goodwill donation up to \$20. Please send a check to:

St. Andrew the Apostle Catholic Faith Community
Attn: Florence Slattery
3450 W. Ray Road
Chandler, AZ 85226

If you have any questions about the support group, please send email to Deacon Ernie Garcia at seasonsofhope@standrewchandler.com.