

WidowedCare REGISTRATION

Date _____

Name _____ Spouse's Name _____

How many years married _____ Date spouse died _____

Address _____ City _____ Zip _____

Phone () _____ Cell Phone () _____ Emerg # () _____

Important—used in case of meeting cancellation or other emergencies.

Email address _____

Number of children ____ If still living at home, please list their names and ages.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Do you have a church that you attend regularly _____ Church _____

How did you hear about WidowedCare

Past Participant Brochure Friend Radio Ad
 Pastor/Priest Poster Counselor Lawn Sign
 Church Bulletin Newspaper Television Website
 Attorney Other: _____

Registration Fee \$30.00 (covers all 10 sessions)

Payment by: Cash _____ Check _____ Scholarship Fund _____ Repeat _____

MAKE CHECKS PAYABLE TO CWCCC

NOTE: This is a psychoeducational support group and not therapy. I agree to abide by group member confidentiality within the support group setting, maintaining other group members' privacy which is an essential part of building trust and the overall healing process. My signature below attests to my complete and full understanding of the contents as stated and willingness to abide by these terms as outlined in this WidowedCare Registration Form.



Support group member's signature

Date

Witness signature

Date

Staff only: Copy of form to be returned to CWCCC with payment received.

Updated 8-1-2019 scs