

Registration Form Bereavement Journey

**VIA ZOOM. STARTING ON: Thursday 15th October at 6.00pm**

**FIRST NAME:**

**LAST NAME:**

**EMAIL ADDRESS:**

**PHONE NUMBER:**

**AGE:** 18 -3031-4041-50 51-6061-7071+

**GENDER** MaleFemale Other

**WHO HAVE YOU LOST? Husband, friend etc**

**WHEN DID THEY DIE?**

**HOW DID YOU HEAR ABOUT THIS COURSE?**

**ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW? Church, support group…**

PLEASE EMAIL THIS FORM TO: [rev.alison@saintelisabeths.org](mailto:rev.alison@saintelisabeths.org) or [vickmcquarrie@gmail.com](mailto:vickmcquarrie@gmail.com)