

A Place That Warms The Heart

A Family Grieving Center



Please print and complete as much information as possible. Registration is held the night of the first scheduled group session.

NAME _____ DATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

EMAIL ADDRESS _____

CONTACT NUMBERS:

Home: _____ Work: _____ Cell: _____

DATE OF BIRTH _____ MARITAL STATUS _____

OCCUPATION _____

Are you currently receiving any counseling or psychiatric care? Yes _____ No _____

Counselor and /or psychiatrist name _____

Name of other adults and children living with you

NAME	SEX	AGE	RELATIONSHIP

Do you have a child or adolescent who will be participating in groups? _____ Yes* _____ No

**An adult must be present with all children/adolescents who participate in groups*

Please provide the following information about the person who died:

NAME _____ RELATION _____

AGE AT DEATH _____ DATE OF DEATH _____

CIRCUMSTANCES OF DEATH _____

If the deceased was your spouse/significant other: Number years together _____ Anniversary Date _____

How did you hear about A Place That Warms The Heart? _____

Groups are held at the Willis Knight Innovation Center
2105 Airline Drive Bossier City, LA 71111

Bring this completed form to registration for groups the first night. If you have any questions, contact us at: 318-317-9329

<http://aplacethatwarmstheheart.com>