



Grief Support Group Registration

Name _____ Date _____

Address _____
Street City State Zip

Phone Number: Home _____ Work _____ Mobile _____

Email: _____ Date of Birth _____ Age _____

Information about the Deceased

Name of Deceased _____ Relationship to Deceased _____

Date of Death _____ Age at Death _____ Place of Death _____

Cause of Death _____

Was the person who died a hospice patient? Yes No

If yes, please give the name of the hospice _____

Have you experienced any other losses in the past year? _____

Where did you hear about these groups? _____

I am interested in knowing more about or attending the:

- Survivors of Sudden Loss Group - Boulder
- Trail Walking/Hiking Group - Boulder
- Daytime Grief Support Group - Broomfield
- Growing Through Grief Group - Littleton
- Spouse/Partner Loss Support Group – Northglenn
- Other _____

Please send completed application to the following:

griefsupport@myhalcyon.org

Fax: 303-394-0871 or 970-535-0871

Grief Services staff will contact you with the dates of the next group and to schedule a phone intake upon receipt of your registration. If you have any questions, please call Halcyon Grief Services at **720-325-2987**.

***Information included on this form is protected by the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 and will remain confidential between the applicant and group facilitators and will not be shared with the group without specific permission.*