



Cascade of Empowerment Widows Support Group Registration

Name _____ Today's Date _____

Phone Number _____ Alternate phone number _____

Email: _____

Deceased spouse name _____

Date of your spouse passing _____

Emergency contact name and phone number _____

What do you want the Cascade of Empowerment Support Group team need to know about you?

How do you envision this support group will help you?

Do you have any questions about the support group?

I agree that the personal information shared by participants in these sessions either in person or by Zoom will remain confidential and not discussed outside of these sessions.

Signed _____ Date _____

*This information will remain confidential to the Cascade of Empowerment board and advisors.