

## Bereaved Dad's Group - Information Sheet

*This information is confidential and for use by the facilitators only.*

### Your Information

Date \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

ZIP \_\_\_\_\_

Last Name: \_\_\_\_\_

Date \_\_\_\_\_

### Family Information

Spouse / Partner \_\_\_\_\_

DOB \_\_\_\_\_

DOD \_\_\_\_\_

Child Name \_\_\_\_\_

DOB \_\_\_\_\_

DOD \_\_\_\_\_

Child Name \_\_\_\_\_

DOB \_\_\_\_\_

DOD \_\_\_\_\_

Child Name \_\_\_\_\_

DOB \_\_\_\_\_

DOD \_\_\_\_\_

Child Name \_\_\_\_\_

DOB \_\_\_\_\_

DOD \_\_\_\_\_

Yes / No Do we have your permission to contact you by mail & email?

Yes / No Do we have your permission to contact you by phone?

Yes / No Have you ever attended a Starlight Ministries event or program?

Yes / No Have you ever been to a licensed counselor or therapist since the death of your child?

Yes / No Do you feel like harming yourself today or have you felt this way in the last month?

Comments

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