

The Church of the Cross

PO Box 278

Bluffton, SC 29910

HEALING AFTER LOSS
PARTICIPANT APPLICATION FORM

The following information will be kept confidential.

Name _____

Address _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Emergency Contact (name & phone) _____

What church do you attend? _____

Are you a member of that church? _____

Pastor's Name _____ Church's phone # _____

Whom have you lost in death? _____

How long ago was your loss? _____

Briefly describe the nature of your loss

(Over)

