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 PhoneWorkCell	
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)

Have you previously attended any other grief support group?
Is there anything more about your situation you would like to share?
I understand confidentiality is mandatory in my support group and that anything said in the group is to stay in the group. I understand HAL is not a counseling group, but a peer support group led by lay leaders. I also understand the leaders of this Program have an obligation to report any disclosure of intent to harm oneself or others to the clergy at The Church of the Cross, my church, or to any other appropriate agency.
Print Name
Signature
 Date