

**LIFE WITH CANCER
GOOD GRIEF BEREAVEMENT GROUP
Registration Form**

Preferred Location: Life with Cancer Family Center Fairfax _____
Life with Cancer Loudoun _____

Name _____ Phone number (H) _____
(O) _____

Address _____

City _____ State _____ Zip _____

Email _____

Others living with you _____

Name of person who has died _____ Age _____

Type of cancer _____ Other _____

Relationship to you _____ Date of death _____

If spouse (significant other), number of years married (together) _____

Other deaths in the past three years

Relationship	Age	Cause
_____	_____	_____

Other losses (within the past year)

___ Home	___ Pet	___ Independence
___ Moving	___ Job	___ Friends
___ Divorce	___ Health	___ Financial

Issues/concerns in your coping

___ Anger	___ Sad	___ Feeling hopeless
___ Guilt	___ Sleeping	___ Feeling suicidal
___ Depressed	___ Fears	___ Making decisions

Other: _____

Are you currently, or have you recently been, in counseling? _____

Who/what are your supports?

What are your goals in joining this group?

Please mail to: Life with Cancer/Tower 9, 3300 Gallows Road, Falls Church, VA 22042 or
fax to: 703.776.3015. A word document can also be downloaded from lifewithcancer.org
and emailed to drucilla.brethwaite@inova.org.