



PAPILLON CENTER FOR LOSS & TRANSITION REGISTRATION FORM

Print Name: _____ Date: _____

Address: _____
Street City State Zip Code

Email Address: _____ I would like to receive emails from Papillon

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation (optional): _____

Print Emergency Contact Name: _____ Emergency Contact Phone: _____

Referred by: _____

Tell us for whom you are grieving:

Spouse/Partner Child Friend Parent Sibling

Grandparent Pet Other – please specify: _____

Date of person's death: _____ Person's Name: _____

Cause of death: _____

How can we best support you at this time?

Drop-in bereavement discussion group Group counseling for children 4-11 12-18

Pet Bereavement Pregnancy & Infant Loss Hearts DO Heal Special Programming

Other – please explain: _____

Media Release: (please circle choice) Signature: _____

I do /do not allow Papillon Center to use my picture for organizational marketing purposes. Photos will only be taken during social activities and *not* during group sessions.

We ask for the following demographic information for fundraising purposes only. Individual information will be treated confidentially. Thank you!

Sex: Female Male

Race: White Hispanic/Latino Asian American African American

Hawaiian/Pacific Islander Native American Two or more races Other

Annual Household Income:

Less than \$20,000 \$20,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999

\$75,000 to \$99,999 \$100,000 to \$149,000 \$150,000 or more

Age: 17 or younger 18 to 21 22 to 39 40 to 64 65 +

Education: High School Diploma/GED Some college Bachelor's Degree Graduate Courses

Master's Degree PhD Other – please explain: _____

Marital Status: Single In relationship Married Divorced Widowed, living alone

Widowed, living with others

Children: Number of children _____ number living _____ number deceased _____