



**PAPILLON CENTER FOR LOSS & TRANSITION  
REGISTRATION FORM**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation (optional): \_\_\_\_\_

Print Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**Tell us for whom you are grieving:**

Spouse/Partner     Child     Friend     Parent     Sibling

Grandparent     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. Providing this information is optional. Thank you!

Sex:     Female     Male

Race:     White     Hispanic/Latino     Asian     Black     Hawaiian/Pacific Islander  
 Native American     Two or more races

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 23     24 to 29     30 to 39     40 to 49     50 to 60  
 61 to 65     66 or older

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 \_\_\_\_\_