



WAYNE MEMORIAL HOSPITAL  
An Affiliate of Wayne Memorial Health Systems, Inc.

## Grief Support Registration 2022

I am interested in participating in Wayne Memorial's Grief Support Meetings.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

*Please provide the following information about the person who died:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Which best describes your personal support system:  Excellent  Good  Fair  Poor

How did you hear about this group ? (check all that apply)

mailing  I called for information  newspaper  
 friend  relative  clergy  other: \_\_\_\_\_

What do you hope to learn/obtain from attending this grief work shop?

Emergency Contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

I give consent for the support group facilitator(s) to contact the above listed emergency contact in the event of an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form **two weeks before first meeting** to: Anna M. Walsh  
 c/o WMH Home Health/Hospice  
 116 West 11<sup>th</sup> St.  
 Honesdale, PA 18431

For more information email [walsha@wmh.org](mailto:walsha@wmh.org)