

# Parent Bereavement Group

## Reply Card



*An invitation to join us...*

# Parent Bereavement Group

## Reply Card

Your name(s) \_\_\_\_\_

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of loss \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Best day/time to call \_\_\_\_\_

E-mail \_\_\_\_\_

- Please register me/us for the next group that runs  
 Please contact me in one year time

This program  
generously supported by: