



# BROOKLYN BEREAVEMENT

Offering Group and Individual Counseling and Support  
for Adults Grieving a Loss

## Bereavement Group Member Information Sheet

Date \_\_\_\_\_

Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Address \_\_\_\_\_

Evening Phone \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Gender \_\_\_ Date of Birth \_\_\_\_\_

Occupation and / or work history: \_\_\_\_\_

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

Phone \_\_\_\_\_

Relation \_\_\_\_\_

### Please share information about the deceased and the circumstances of death:

Name of Deceased \_\_\_\_\_ Relationship \_\_\_\_\_

Month/Year of Death \_\_\_\_\_

**Briefly describe the death:** Was it sudden? Following a long illness? Were you caretaking? Were there complications? Add any other details you want to share.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Your Background

Where were you born? \_\_\_\_\_ Where did you grow up? \_\_\_\_\_

Did you grow up in an intact family? (divorce, stepparents, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_