



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 **week before first meeting** to:

Anna M. Walsh
c/o WMH Home Health/Hospice
116 West 11th St.
Honesdale, PA 18431

For more information email walsha@wmh.org