



Friend/Family Participant Intake Form

Date: _____

Location of Life After Loss Class: _____ 8310 Ewing Halsell San Antonio, TX 78229

LAL Faciliator: _____

Name: _____

Check the following:

____ I am a veteran or ____ Had a family member who serves or served in the military.

If so, indicate the following relationship: __Parent __Spouse __Grandparent __Sibling __Child

Home Address: _____ City/State/Zip: _____

Primary Phone#: _____

Email Address: _____ (optional)

Gender: __Male __Female Age: _____ Primary Language: __English; __Spanish; __Other

The person who died was your: _____

Length of time since the death: _____

The cause of death was: _____

The Ecumenical Center takes your concerns about privacy seriously, and we make every reasonable effort to protect your privacy when we receive your information. When you complete this form, your information helps us better understand your needs. We may use your information to invite you to an event or to inform you of other opportunities.

The Ecumenical Center keeps information private and protected; please call 210-616-0885 or email Lcenanovic@ecrh.org for more information.

Signature: _____ Date: _____

Life After Loss Support Group Session Form

revd 5/9/18