

Registration Form for Mending Babyloss Support Group

Date:

Mother's Name:

Father's / Partner's Name:

Baby's Name:

Date of Loss:

How far along in your *pregnancy* were you at the time of loss?

Was your baby's death due to: ___ Miscarriage ___ Stillbirth ___ Other

How old was your *baby* at the time of loss?

Cause of baby's death?

Was this your first loss?

Are there any circumstances regarding your baby's death you would like to share?

Do you other children? ___ Ages ___

How are you caring for yourself?

Are you currently participating in therapy or another support group?

We encourage both parents to attend the Support Group. Would your partner/spouse be open to attending?

What are your hopes for attending the Support Group?

Phone number:

Email:

Address:

Referred to MendingBabyloss by:

Please return the registration form to: Mending Babyloss
% Marguerite Johnson
214 N Commercial Street, Suite 201
Bellingham, WA 98225

Or email to: mendingbabyloss@gmail.com

