

## Registration Form for Mending Babyloss Support Group

Today's 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 email your registration form to: [mendingbabyloss@gmail.com](mailto:mendingbabyloss@gmail.com)