



Family Information Form

Your Name: _____

Your relationship to the child(ren): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact Number: _____

E-Mail Address: _____

May we call you at work? yes no

Employer: _____

Occupation: _____

If not the children's parent/legal guardian who is?

Name: _____

Address _____

Best Contact Number: _____

Name of person(s) who will be bringing the child(ren) to FMN:

Name	Relationship to child	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the children who will be attending:

Name (Last name, if different)	Birth Date	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who was the person that died?

Name: _____

Birthdate: _____

Date of Death: _____

Causes & circumstances of death:

Where did death occur?

She/he was my:

She/he was the child(ren's):

Have the children been told *everything* about the death? ___yes ___no

If not, what have they *not* been told?

Were the children involved in the burial, funeral, or memorial service? ___yes ___no

What other deaths or losses has your family experienced?

What grief reactions or changes in behavior since the death occurred that have you concerned?

What other services to help with coping with grief have the children received?

Are there spiritual/religious practices important in the children's lives that you would like us to be aware of?

How did you hear about Forget Me Not?

Is there anything you would like to share that we have not talked about?
