



Registration Form

Name of Child: _____ Date of Birth: _____
Age: _____ Sex: _____ Grade Next Fall: _____ School: _____
T-Shirt Size: Children: ___S ___M ___L Adult: ___S ___M ___L ___XL

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Age: _____ Sex: _____ Grade Next Fall: _____ School: _____
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Age: _____ Sex: _____ Grade Next Fall: _____ School: _____
T-Shirt Size: Children: ___S ___M ___L Adult: ___S ___M ___L ___XL

Parent/Guardian's Name: _____
Home Address: _____
Phone Numbers: Home _____ Work _____
Cell phone _____ Pager _____

Loss History:

Name of Deceased: _____ Relationship: _____

Cause of Death: _____ Death Date: _____

Did the child/children live with the deceased? _____

Did your child/children attend the funeral service? _____

What kind of burial was chosen? _____

Has anyone else close to your child/children died?

Name _____ Relationship : _____

Death date: _____ Age: _____ Cause of death: _____

Have there been any other significant traumatic events (divorce, moving, pet loss or death, hospitalizations, car accident, etc.)? _____

Do you have any concerns about your child's/children's grief process? _____

Once this form is received, you will be contacted by Hospice of Siouxland, and sent a complete packet of registration materials. Registration is limited and on a first-come, first-served basis so please mail this form promptly. Questions? Call 800-383-4545.