

Still Supported

a pregnancy / infant loss peer support group of The Still Remembered Project

Information Form

Thank you for your interest in the Still Supported pregnancy/infant loss peer support group. We are sorry for your loss and would love to welcome you with open arms.

Please take a moment to fill out the following information so that we can get to know you a little better.

Name: _____

Address: _____

Phone: _____

Email: _____

What is your preferred method of contact? _____

Emergency Contact and Phone Number: _____

How did you hear about Still Supported: _____

Baby's Name(s): _____

Important dates to be remembered: _____

Any additional information that you would like to share with us:

By signing my name below, I indicate my understanding that The Still Remembered Project/Still Supported support group is a peer-based organization of mothers and families. I understand that The Still Remembered Project/Still Supported group do not employ licensed professional counselors and do not offer professional counseling services.

Name: _____ Date: ____/____/____