

EMPACT-SPC

Virtual Survivors of Suicide (SOS) Loss Support Group

Registration Form

Name (please print) _____ Date _____

Address _____ City _____ State ____ Zip _____

Phone _____ Email Address _____

May we include you on our online mailing list? Yes _____ No _____

Who referred you to SOS? _____ LOSS Team Referral? Yes ____ No ____

Who did you lose to suicide? Name _____ Relationship _____

Date of Birth _____ Date of Suicide _____

Name and telephone number of nearest relative _____

For demographic reporting to our funders, please answer the following:

Gender _____

Age _____

Ethnicity (circle one) Caucasian Hispanic African American Native American Asian Other