

GRIEF SUPPORT FOLLOW UP

INFORMATION	
Name of Deceased:	Date of Death:
Funeral @ Parish? YES NO Where:	
Name of Family Member:	Relationship:
Address	Phone #
Zip Code	
Additional Family Members:	
Relationship:	
Address:	Zip Code
Relationship:	
Address:	Zip Code:
FOLLOW-UP	
Initial Contact Date: <small>(Please note if you sent a card, called or visited at the funeral home)</small>	
Date: <small>(Please note if you sent a card, called or visited)</small>	
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Monthly Bereavement Mailings: YES NO _____ First Month – letter from pastor _____ Second or Third Month – letter #1 _____ Fourth Month – letter #2 _____ Fifth Month – letter #3 _____ Sixth Month – letter #4 _____ Seventh Month – letter #5 _____ Ninth Month – letter #6 _____ Final Month – letter #7	
<input type="checkbox"/> Holiday Help Info Sent	
<input type="checkbox"/> All Souls' Day Remembrance Mass:	
<input type="checkbox"/> Significant Date(s): <small>(Mother's Day, Father's Day, Deceased's Birthday, etc.)</small>	
<input type="checkbox"/> Did any family member(s) participate in a Support Group? YES NO What/Where:	
<input type="checkbox"/> Anniversary of Death Contact <small>(Please note if you sent a card, called or visited)</small>	
<input type="checkbox"/> Further Counseling Referral: <small>(Is bereaved already receiving professional counseling? / Please note if you discussed further counseling or any additional info.)</small>	
Date of Final Bereavement Contact: <small>(Please note if you sent a card, called or visited)</small>	

Bereavement Minister(s)

Please use back of information form for any additional notations. Thank you!