



**BEREAVED FAMILIES OF ONTARIO** - Cornwall & Area

*We can help the healing begin*

216 Montreal Road, Cornwall ON, K6H 1B4 Phone: 613-936-1455 Fax: 613-936 -1682

## BEREAVEMENT PACKAGE REQUEST FORM

DATE \_\_\_\_\_

(PACKAGE FOR) NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Work \_\_\_\_\_

*(IF PACKAGE IS FOR A CHILD OR YOUTH PLEASE FILL OUT BELOW)*

PARENTS/AGENCY/GUARDIAN NAME \_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_

NAME OF DECEASED PERSON: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TYPE OF LOSS     Child     Spouse     Partner     Parent     Sibling     Loss to Suicide     Other \_\_\_\_\_

CIRCUMSTANCES OF THE DEATH AND NATURE OF PROBLEM: i.e. was the cause of death sudden/expected, what are some of the difficulties the person is experiencing

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If request is from other than a bereaved individual please specify name of agency and contact requesting package

Agency \_\_\_\_\_

Contact (please print) \_\_\_\_\_

signature \_\_\_\_\_

**IMPORTANT:** Please note that this request is considered a **THIRD PARTY REQUEST** and that BFO respects the privacy of your clients and **no contact will be initiated by our organization**. Please note that your client will be added to our quarterly Bereavement Support Newsletter mailing in order to provide them with supportive bereavement articles and information on upcoming support groups and workshops which they can attend at no cost.

Please reprint or photocopy this form as needed – Fax to 613 – 936 - 1682