



Today's date: 3/15/25
Name: Jennifer Grant
Email: jendrurygrant@gmail.com
Mailing address: 891 Hallman Farm Lane Iron Station, NC 28080
Phone number: 704-576-6501
Pronouns: she
Days/times for a one-time registration phone call: **Any afternoon**
Emergency contact name and phone number:
How did you hear about us? Google search
Name of person lost/relationship/age: Ray Drury 54
Pronouns: He
If spouse, wedding anniversary:
Loved one's birthday: 7/24/70
Your birthday: 6/24/72
Date of the loss: 2/27/25

Please put an X at the end of the paragraph and type your name after reading the following statement regarding confidentiality and the group structure:

I acknowledge that everything shared in this support group and my one-on-one conversation with the facilitator is private and confidential. I will not discuss information shared in the group with anyone outside of the group. I also acknowledge that the support group is peer-facilitated, no one is a mental health professional, and it is not therapy or a therapeutic group. X

Your name _____ Jennifer

Grant _____ Date _____ 3/15/25