

PLEASE NOTE - YOU MUST CALL THE HELPLINE BEFORE COMPLETING THIS FORM
Please print and return this form to the address above within two weeks of your helpline assessment

Application for bereavement support

❖ Please only complete this form if you have first called the helpline and been given a reference number.

Reference Number: _____

Name: _____

House number/name: _____

Postcode: _____

Email: _____

Phone: Landline _____

 Mobile _____

Which type of support would you prefer (please tick)

Phone support:

One to one

Group (Please see website for current information on groups)

I would like to be added to the Cruse Bereavement Care Hertfordshire waiting list:

Signed: _____

Print name: _____

Date: _____

Additional information (holidays booked; pets etc.)
