



BASIS Information Sheet

Distributed by:
Date sent:
Date received:
Date entered:

()

Your name and your spouse's name _____

Home phone number _____

Your address _____

City _____

State _____

Zipcode _____

E-mail address _____

Cell phone: _____

Work phone: _____

HOW CAN WE SERVE YOU?

- Would you like to receive our free quarterly BASIS newsletter, **Renew**? It includes inspiration information and encouragement for bereaved parents. It also informs you of upcoming BASIS-sponsored events. If you checked YES, indicate preferred way to receive the newsletter:
 - By Post-office Mail
 - By Email
- Would you like correspondence from a bereaved parent in a circumstance similar to yours?
- Would you like brochure information on how to support grieving children and teens?
- Would you like to have a BASIS staff member to contact you directly by phone or email? If you checked YES, indicate preferred method of contact by a BASIS staff member:
 - By Phone
 - By Email
- Do you want to receive an invitation to a support group meeting in your area, if one is available?
- Would you like to receive a list of various BASIS Resources? There is an audio recording of a bereavement group, devotional books, and pamphlets/booklets on different grief topics. All resources are free, with a suggested donation for devotional books.
- If there is some other way we might serve you, please make note of it here or on back of this form:

THE FOLLOWING INFORMATION WOULD BE HELPFUL TO US:

Deceased Child's name: _____ M / F _____
Circle One Birth date Death date

Age at time of death: _____

Circumstances of death: _____

Mother's birthday _____
Month / Day /Year

Father's birthday _____
Month / Day /Year

Names and ages of other children: *{*Note: if you have more than one child that has passed, please fill out an additional form*}*



BASIS is a ministry of **Handi*Vangelism Ministries International**
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