



Information Release & Packet Request Form

Send Packet To: Name _____
Address _____
City State Zip _____
Phone _____ E-mail _____

Relationship to the baby(ies): Parent(s) Grandparent(s) Aunt/Uncle
 Friend Professional Other _____

Date of loss: _____ **Baby(ies) Gender/Name(s):** _____

Loss History: (Briefly explain current and/or past loss)

Surviving Siblings: (List names and ages of siblings)

Any additional information you would like to share: _____

My signature below authorizes _____ to release the above information to Share Pregnancy & Infant Loss Support, Inc. for the purpose of providing materials and support relative to my bereavement needs.

Signature: _____ **Date:** _____

Witness' Signature: _____ **Date:** _____