



**THE
COMPASSIONATE
FRIENDS**

REGISTRATION FORM

Portland Oregon Chapter
P.O. Box 3065
Portland, OR 97208-3065
Ph. 503.248.0102

TODAY'S DATE: _____

(Please Print)

YOUR NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (including area code) _____

EMAIL ADDRESS _____

NAME OF CHILD

First

Middle

Last



Male

Female



Child's date of birth ____/____/____

Date of death ____/____/____

Your Relationship to Child: _____

How did you discover TCF? _____

Do you wish to receive the bi-monthly newsletter? Yes No

Would you prefer to receive it by: Postal Mail E-mail

The Compassionate Friends will list the name of your child in the newsletter during the months of your child's birth date and death anniversary, if you so desire. For your child's name to appear, we **must** have your signature below giving us permission.

"I hereby give permission for TCF to include the name, birth date, and death anniversary of my child in the "Our Children Lovingly Remembered" section of the newsletter during the appropriate months, from this day until further notice from me."

Signature

WE NEED NOT WALK ALONE. WE ARE THE COMPASSIONATE FRIENDS.

