

The Compassionate Friends Data Sheet

Galveston County Chapter

Child's Name _____

Date of Birth _____

Date of Death _____

Your Name(s) _____

Your Street Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Home Phone Number _____ Cell (opt) _____

Relationship to the child/grandchild _____

Date _____

Your Signature _____

Do you wish to receive our newsletter by U.S.MAIL or E-MAIL?

Please return to: The Compassionate Friends

P. O. Box 568

Texas City, Texas 77592

Include my child/children on the "Remembrance Page" in our newsletter

Yes ____ No ____