

WIDOW INFORMATION SHEET

HELP US SO WE CAN HELP YOU

Name _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Home # _____ Cell Phone _____ Do You Text? Y or N

Email (please print) _____

Date of Husband's Passing _____ Do you live alone? YES or NO

What are some things you enjoy doing? _____

What would you like to see in the widows ministry? _____

Do you have any immediate needs? _____

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