



PO Box 432  
Wasaga Beach, Ontario, Canada L9Z 1A4  
Tel. / Tél. : 1-705-429-0901 Fax / Téléc. : 1-705-429-9809  
Toll Free / No. sans frais : 1-866-228-8824

You have faced a most difficult and emotionally wrenching loss, the loss of one, more or all of your precious babies. A burden that all parents are ill-equipped to face. The purpose of the Loss Support Network (LSN) is to provide a safe place to communicate feelings, thoughts and experiences with each other with whom we share a common experience. Would you kindly complete and return the following Questionnaire. Please write clearly. Note: This information will be kept confidential and will not be given out to anyone else without your consent.

***There is no cost to join LSN for bereaved multiple-birth families. We are, however, very grateful for any donation to assist us with photocopying and mailing costs.***

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone No.: Area Code (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

Details of Loss: \_\_\_\_\_ Today's Date: \_\_\_\_\_

We lost \_\_\_\_\_

Twins(s), Triplets, Quadruplets, Quintuplets (please advise which)

Through: 1) Miscarriage \_\_\_\_\_ Weeks' gestation \_\_\_\_\_

2) Stillborn \_\_\_\_\_ Cause, if known \_\_\_\_\_

3) Birth Defects \_\_\_\_\_ Type \_\_\_\_\_

4) Accident \_\_\_\_\_ Type \_\_\_\_\_

5) SIDS \_\_\_\_\_

6) Other (please explain) \_\_\_\_\_

Sex of lost child(ren) if known: \_\_\_\_\_

Sex of surviving child(ren) from the multiple birth: \_\_\_\_\_



Date(s) of Loss: \_\_\_\_\_

Child(ren)'s Age at Loss (please indicate as close as possible). Please indicate age of each child(ren) lost: \_\_\_\_\_

As a member of LSN, I would like to add my child(ren)'s memorial to the Memorial Page on the MBC Web Site. I would like my Memorial to read:

*In loving memory of* \_\_\_\_\_  
\_\_\_\_\_

Do you have other children?:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Would you be willing to have telephone or e-mail contact with other families in a similar situation, for mutual support? (tick one): Yes:  No:  Maybe Later:

I would you like to become a part of the Members' Only Loss Support '*E-Mail Angel*' connection. I will be entitled to confidential communication with other members of the Loss Network and receive notification of events and items of interest: Yes:  No:

Members of the Loss Support Network will receive, via E-mail, a monthly newsletter, *Forever Angels EM Connection*, as well as telephone and E-mail connection. Do you see any other way by which the Loss Support Network may assist you with your grief and facilitating it? Please explain, if possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Many thanks for the time and effort you have taken to respond to this questionnaire. Please contact us at any time.**

**Multiple Births Canada/Naissances multiples Canada**

Loss Support Network

PO Box 432

Wasaga Beach, ON

L9Z 1A4

E-mail: [office@multiplebirthscanada.org](mailto:office@multiplebirthscanada.org) or [loss@multiplebirthscanada.org](mailto:loss@multiplebirthscanada.org)

[www.multiplebirthscanada.org](http://www.multiplebirthscanada.org)

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(revised – June 2005)

