

Sibling's Name: Age: Sex: Married/Divorced  
Number of Children: Date of Death (if applicable)  
Please circle any that apply:

- Moody - often depressed - Anger - Alcoholic Problem - Substance Abuse Problem - Violent - Controlling - Victim - Passive - Abusive Physical - Abusive Verbal - Distant - other

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Your Child's Name: Age: Sex: Married/Divorced  
Number of Children: Date of Death (if applicable)  
Child's Father/Mother Name: Is This A Step-child Y - N  
Please circle any that apply:

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