

Grieving with Great HOPE

Wednesday Evenings

7:00-9:00 | Apr. 22- May 22

St. Michael the Archangel Parish

11441 Hubbard | Livonia 48150 | 734-261-1455 (ext 200)

With support from

L.J. Griffin Funeral Homes



"I found comfort is discussing grief in the context of my Catholic faith"

There are no stages to grief. We all experience loss in our own unique way. Healing is an intentional process, where we gather together as a community of faith to become disciples of hope. It is through prayerful reflection, practical learning and personal fellowship that we mourn. "Grieving with Great HOPE" is a five-week grief support workshop for anyone who is grieving the death of a loved one. Presenters will include Fr. Bill Tindall, as well as John and Sandy O'Shaughnessy from Good Mourning Ministry, a Catholic bereavement apostolate.

www.goodmourningministry.net

“The workshop was professionally done. You can tell that this ministry has grown with the love of Christ and His mercy. John and Sandy speak from the heart and it is so nice to see how God restored their lives for the purpose of the Body of Christ.” Dennis Orlewicz



“Grieving with Great Hope gives people who are mourning the loss of a loved one a path through the valley of grief. It connects people with people, here on earth and on their way home. And in the end, we are all led to the Great Healer, Jesus Christ in the presence of the Blessed Sacrament.”

Fr. John Riccardo

Registration is \$20

Please detach and send with payment to:

St. Michael's Parish office -11441 Hubbard, Livonia, MI 48150

Attn: GWGH

Make checks payable to St. Michael the Archangel Parish

Ph: 313-286-2800 Fax: 313-535-9207

Wednesday Evenings 7:00-9:00 Church (C) and Convent House (CH)

Apr. 24 7:00-9:00 (C), May 1, 8 & 15 (CH) and May 22 (C)

St. Michael the Archangel



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Registration Form

Please print clearly and complete form. One registration for each participant.

Name (s): _____

Phone: _____ email: _____

Male: Female: Age Group: 18-25 26-35 36-45 46-55 56-65 66+

Please tell us your loss or losses: Spouse Child Grandchild Parent Grandparent
Friend

And or Other: _____ Date of death: _____ Was your loss sudden? _____

If you like, please list name of your loved one: _____

Please list any other losses in the last 5 years: _____

Please tell us anything else you think we should know: