SOUTH CENTRAL VIRGINIA NURSES HONOR GUARD

TRIBUTE REQUEST SURVEY

If a required field is not applicable, please mark as N/A.

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* Indicates required question

SERVICE REQUESTED *

☐ End of Life Tribute

☐ Family Visitation

☐ Graveside Service

☐ Milestone Birthday

☐ Nursing School Pinning

☐ Retirement

☐ Other: _____

Honoree Information

Name (First Middle Last): *

_____

Nickname:

_____

Nursing Discipline: *

☐ RN

☐ LPN

☐ APRN

☐ Other: _____

Date of Birth:

_____

Age:

_____

Date of Death (Mark as N/A if not requesting an End of Life Tribute):

_____

Contact Information

Contact: *

_____

Relationship to Honoree: *

_____

Phone Number: *

_____

Email address:

_____

Service Information

Date of Service: *

_____

Time of Service: *

_____

Location of Service: *

_____

Address of Service (Street, City, State, Zip): *

_____

Officiant:

_____

Officiant's Phone Number:

_____

Nursing School Information

Nursing School Attended:

_____

Location of Nursing School (City, State):

_____

Nursing School Graduation Date:

_____

Additional Degrees Earned:

_____

Career Information

Work History:

_____

_____

_____

_____

What would you say was (his/her) greatest reward of Nursing?

_____

_____

_____

_____

What led (him/her) into Nursing?

_____

_____

_____

_____

If Applicable, since retiring, has (he/she) been active in the community in a nursing role?

_____

_____

_____

_____

Tribute Table

We set up a tribute table for our services that includes a white Holy Bible and a single white rose. We also like to display additional items to symbolize (his/her) time in nursing.

Do you have a photo available of (him/her) in (his/her) nursing uniform? *

☐ Yes

☐ No

Do you have any of the following items available?

☐ Additional Photographs

☐ ID Name Tags

☐ Nursing Cap

☐ Nursing Pins

☐ Stethoscope

☐ Other: _____

Who do you want the Nightingale candle used during the service to be presented to? *

_____

Relationship to Honoree: *

_____