



# 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): \*

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Nickname:

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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: \*

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Time of Service: \*

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Location of Service: \*

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

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Officiant:

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Officiant's Phone Number:

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## Nursing School Information

Nursing School Attended:

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Location of Nursing School (City, State):

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Nursing School Graduation Date:

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Additional Degrees Earned:

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## Career Information

Work History:

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

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What led (him/her) into Nursing?

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

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## 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: \*

\_\_\_\_\_

