

DUKE UNIVERSITY AND HEALTH SYSTEM

FUNERAL REQUEST FORM

(Use this form in the event of the death of a Duke employee or the immediate family member of a Duke employee.)

To order a funeral spray for funeral services, please complete this form in its entirety and contact one of the approved florists listed below to place your order.

DECEDENT INFORMATION

DECEDENT NAME:			
DECEDENT RELATIONSHIP TO EMPLOYEE:	<input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Employee		
NAME OF DUKE EMPLOYEE:			

FUNERAL HOME INFORMATION

FUNERAL HOME NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:	-	-			
DATE OF VISITATION:	/	/	TIME OF VISITATION:		

DEPARTMENT INFORMATION

NAME OF CONTACT PERSON:					
DEPARTMENT NAME:					
EMAIL ADDRESS:					
PHONE:					
COST CENTER:					
DEPARTMENT HEAD SIGNATURE:					
DATE OF REQUEST:	/	/	TIME OF REQUEST:		

APPROVED FLORISTS (select one)

<input type="checkbox"/> Ninth Street Flowers 919.286.5640 Fax: 919.287.2992	<input type="checkbox"/> Sandy's Creations 919.688.4821 Fax: 919.682.4562
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