

DUKE UNIVERSITY AND HEALTH SYSTEM

FLORAL REQUEST FORM

(Use this form in the event of the death of a Duke employee or the immediate family member of a Duke employee where there was no funeral service or there was late notification about the service.)

To order a plant to be sent to the employee's home or work address, 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				
EMPLOYEE NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:	-	-			

DEPARTMENT INFORMATION

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

ARRANGEMENT (select one)

<input type="checkbox"/> Blooming Plant (regular size)	<input type="checkbox"/> Blooming Plant (large size)
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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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