BEREAVEMENT

DONATION/FLOWER ORDER FORM

Councillor: Please fill out form in its entirety, along with the obituary and fax to (860) 448-3721 Attn: Recording Secretary or [martha.fletcher@snet.net](file:///%5C%5CUAW571SERVER%5CZ%20Drive%5CRECORDING%20SECRETARY%5CBEREAVEMENT%5Cmartha.fletcher%40snet.net)

**MDA-UAW Local 571**

**Phone: (860) 448-0552**

**Fax: (860) 448-3721**

**E-mail:** uawlocal571@snet.net

|  |  |
| --- | --- |
| DATE: |  |
| DECEASED NAME: |  |
| DATE OF PASSING: |  |
| RELATIONSHIP TO DECEASED: |  |
| MEMBER(S) NAME: |  |
|  |  |
| COUNCILLOR: |  | PHONE NO: |  |

**WAKE INFORMATION:** [ ]  No Wake [ ]  Donation

|  |  |  |  |
| --- | --- | --- | --- |
| DATE: |  | CALLING HOURS: |  |
| PHONE: |  |  |  |
| FUNERAL HOME NAME: |  |
| FUNERAL HOME ADDRESS: |  |
|  |  |

**DONATION/CHARITY INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | PHONE NO: |  |
| ADDRESS:  |  | FAX NO: |  |
|  |  | EMAIL:  |  |
|  |  |  |  |
|  |  |  |  |

**FOR OFFICE USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Completed:  |  | Member Benefit: | Yes / No |
| Check Number: |  | Dish Garden Delivery Date:  |  |
| Number of Members: |  |  |  |  |  |
| Members Address: |  |  |
|  |  |  |
|  |  |  |