

BEREAVEMENT DONATION/FLOWER ORDER FORM

Councillor: Please fill out form in its entirety and return to Recording Secretary

MDA-UAW Local 571

Phone: (860) 448-0552

Fax: (860) 448-3721

E-mail: recordsec571@gmail.com

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: _____

Please attach copy of obituary or proof of death

Last updated 05-26-17