



School Contacts: Please use this form to alert the Local of “Life Events” for DECEs at your school. Complete the form in full and send through email to hwdecepres@gmail.com

Name of DECE completing form: _____

Please check of type of life event

- Birth or Adoption (Include name of new family member)
- Death of Immediate Family Member (Include Relationship)
- Major Surgery (please include surgery date and date DECE returns home from hospital)
- Sudden Serious Illness or Accident
- Retirement

Name of DECE:

Address to Send Gift or Flowers (DECE’s full mailing address):

DECE’s phone number: _____

Please use below, the back of the page, or a second page to include any other pertinent information.

Name of new family member: _____

Relationship of Deceased to DECE: _____

Date DECE comes home from hospital: _____