



HAMILTON-WENTWORTH
DESIGNATED EARLY CHILDHOOD EDUCATORS LOCAL



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: _____