



Information Form for Death Notification

Date _____

Name of Employee _____

Department and Position of Employee _____

or

Name of Student _____ ID _____

Class Year _____ School _____ Mailbox # _____

Residence _____

Date of Departure _____ Anticipated Return _____

Name of Deceased _____

Relationship to Employee/Student _____

Date of Death _____

Do you approve an e-mail announcement to the University community? _____

Calling Hours _____ from _____
(Day and date) (Time)

Funeral Home _____
(Name, address, phone)

Funeral _____
(Day, date, time)

Church _____
(Name, address, phone)

Please fax form to the Office of the Dean of Students at ext. 4014