



Nursing Honor Guard Questionnaire



Questions

1. Full Name

(First) (Middle) (Last) (Maiden)
2. Nursing School Attended: _____
3. Year Graduated: _____ Year Retired: _____
4. Degree(s) in Nursing and other fields: _____
5. Places worked: _____

6. Nursing Organizations: _____

7. Awards, certificates, or honors in nursing: _____

8. Any other nursing duties, ie: volunteering, etc. _____

9. Years of Practice: _____
10. Any thing else you want us to know. _____
;
11. Who should receive the lantern: _____

Note: these questions may be filled out by :

1. Funeral Home Director/Manager
2. By the nurse/team leader if/when she speaks to the family
3. Filled out at pre-planning of a nurse's funeral.
4. Or filled out by a nurse who wishes this service and for her to keep in her files.

Please complete and return to the funeral home if pre-arrangements are made or give to family.