



Professional Firefighters/Paramedics of Palm Beach County, Inc. IAFF Local 2928

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ILLNESS / DEATH ACKNOWLEDGEMENT FORM

Local 2928 will send flowers to members or their families that have an illness or death within the immediate family.
Section of form that applies must be filled out completely before submitting or will not be processed.

ILLNESS/SURGERY

MEMBER NAME: _____
PATIENT NAME: _____
RELATIONSHIP TO MEMBER: _____
HOSPITAL NAME/LOCATION: _____

ROOM NUMBER: _____
ILLNESS/INJURY: _____
DATE OF EVENT: _____

DEATH

MEMBER NAME: _____
MEMBER ADDRESS: _____
DECEASED NAME: _____
RELATIONSHIP TO MEMBER: _____
FUNERAL HOME/LOCATION/ADDRESS: _____

DATE/TIME OF VISITATION: _____
DATE/TIME OF FUNERAL SERVICES: _____

PLEASE RETURN TO YOUR D.V.P. OR FAX TO THE UNION OFFICE @ (561) 969-1059.

INTERNAL USE ONLY

Card Sent: _____ Flowers Sent: _____ Memorial Donation: _____ Added to G&W: _____