



# Condolence Request Form

Please print, complete and fax form to:

Diana Baker at 614-692-4025

or email to [diana.baker@dla.mil](mailto:diana.baker@dla.mil)

<b>Date of Request:</b>
Requestor's Name:
Requestor's Office Symbol:
Requestor's Telephone Number:

<b>Associate's Name</b>
Associate's Office Symbol
Associate's Telephone Number:
Associate's Address:

<b>Name of Deceased:</b>
Date of Death:
Relationship to Associate: (Eligibility: Spouse, parent or child)

<b>Funeral Home or Church Name:</b> <i>(Where flowers will be sent and viewing and/or services will be held )</i>
Funeral Home or Church Address:
Funeral Home or Church Phone Number:
Date and time of viewing and/or services:

<b>If a donation is preferred or requested in lieu of flowers, please fill out below:</b>
Donation Recipient Name:
Donation Recipient Address:
Donation Recipient Phone Number (if known):

***If services are over, a planter can be sent to the Associates home upon***

FOR MWR USE ONLY:
Date of call:
Clerk:
Amount:

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