

Nurse Honor Guard Family Request Form



If the family requests the services of the Major Health Partners Nurse Honor Guard, please complete this form once funeral arrangements have been made.

Name of deceased: _____

Title of deceased: _____

Funeral Home: _____

Place of Service: _____

Service(s) Requested:

Vigil: Yes No
Includes standing guard during visitation.

Honor Guard Services: Yes No
Includes reading of the Nurse's Prayer and the Nightingale Pledge, announcement of last roll call, and extinguishing of the Nightingale Lamp Flame.

If yes, when would the family like the services: Visitation Funeral Graveside

To whom should the lamp be presented to after the last roll call? _____

The Major Health Partners Nurse Honor Guard will setup a display table with a Nurse's Bible, Nurse's Cap, and lighted Nightingale Lamp.

Would you like to provide a picture of your loved one for the display table? Yes No

Date(s) and time(s) of requested services:

Funeral Home Director: _____

To request the Major Health Partners Nurse Honor Guard,
please contact MHP Nurse Honor Guard at 317.392.3211.