



# York County White Rose Nurse Honor Guard Tribute Request Form



The York County White Rose Nurse Honor Guard (YCWRNHG) serves to honor active and retired licensed nurses near to or after the end of their life's journey by providing the Nightingale Tribute to them directly or via their funeral or memorial service. This Tribute is free of charge and if you'd like, may also include a Table of Remembrance, which consists of personal nursing memorabilia (nursing pin, stethoscope, cap, etc.) provided by you and/or the Nurse Honor Guard (white rose, Nightingale Lamp, nurse's cap if not already provided, if desired, a Bible).

The Nightingale Tribute begins with the entrance of our volunteer nurses dressed in traditional white uniforms, navy cape, vest, or jacket, and possibly a white cap. We will read a short synopsis of your loved one's nursing career, light the Nightingale Lamp in their honor, and then read a creative rendition of the poem, 'She Was There'. A white rose will be given to your loved one as we state, "(Nurse's name), we honor you this day with a white rose as a symbol of our respect and appreciation for the opportunity to be your nursing colleague". We will call to and release your loved one of their Earthly nursing duties as we strike a chime for each call and then we will extinguish the Lamp. The entire tribute takes 5-10 minutes and is optimally placed near the beginning of your loved one's service. The Nurse Honor Guard will arrive about 30 minutes prior to the service and depart immediately after the Nightingale Tribute.

Requestor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ Relationship to Nurse Honoree \_\_\_\_\_

*If Living Tribute:*

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Name/Address/Location of Event \_\_\_\_\_

Funeral Home Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Funeral Home Contact \_\_\_\_\_ Date of Service \_\_\_\_\_ Time of Service \_\_\_\_\_

Address/Location of Service \_\_\_\_\_

Do you have any spiritual requests?  Yes  No *if yes, please describe* \_\_\_\_\_

Full Name of Nurse Honoree \_\_\_\_\_ Preferred Name \_\_\_\_\_

When requesting a Nurse Honor Guard Nightingale Tribute, please understand that we are volunteers. York County White Rose Nurse Honor Guard's attendance at any service is based on member availability and our presence is therefore not guaranteed.

Please email your request form and any questions to [whiterosenursehonorguard@gmail.com](mailto:whiterosenursehonorguard@gmail.com). If you do not receive a confirmation response within 36 hours, please contact us via phone (and leave a message if no answer) to ensure we have received your request: **Leslie: 717-870-2192; Ellen: 443-386-5750.**

***If we are able to fulfill your request, we will need a completed 'Tribute Honoree Details' form.***

Request Received by \_\_\_\_\_ on \_\_\_\_\_.

Request Confirmed by \_\_\_\_\_ on \_\_\_\_\_.



## York County White Rose Nurse Honor Guard Tribute Honoree Details



We are honored to receive and fulfill your request for us to provide the Nightingale Tribute to your loved one. We wish to pay tribute to your loved one's nursing service in a way that is fitting with their and your specific requests and beliefs. We understand that talking about these things over the phone can be hard during this difficult time and writing them may be easier. The information you provide below will help us tailor the tribute to your wishes and help us add a more personalized touch to your loved one's Tribute.

Full Name of Nurse Honoree \_\_\_\_\_ Preferred Name \_\_\_\_\_

Nursing School \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year Graduated \_\_\_\_\_

Additional Schooling, Degree(s) \_\_\_\_\_

Specialties \_\_\_\_\_

Career Length \_\_\_\_\_ Nursing Awards/Recognitions \_\_\_\_\_

Associations/Memberships/Groups \_\_\_\_\_

**Please describe your Nurse Honoree and the care they provided.** *Consider telling us things like: Did they have a special passion for something? What were they known for? Is there a memorable, funny, loving, or touching story you'd like us to share? These are all just ideas; please do not stress about specifics. Just tell us what you know from your heart and memory. Please feel free to continue on another page, if desired.*

---

---

---

---

---

---

---

---

---

---

York County White Rose Nurse Honor Guard is a volunteer, nonprofit organization. We offer this Tribute free of charge. Each nurse purchases a Tribute uniform at their own expense and volunteers their personal time to provide the Nightingale Tribute and Table of Remembrance. Donations are not required or expected; they are very much appreciated. Donations received are used to purchase Nightingale Lanterns, white roses, chimes, and any other items needed.

After the Tribute, does York County White Rose Nurse Honor Guard Association have your permission to post a photo and tribute of the Nurse Honoree to Nurse Honor Guard's social media and/or Website?  **Yes**  **No**  
*If yes, please email us the image that you prefer we use; otherwise, we will use the image found on the Nurse Honoree's online obituary.*

Privacy Notice: For the privacy of our volunteers, use of all electronic and recording devices, including but not limited to cell phones, video recording, audio recording, still photography, and laptops is strictly prohibited during our tribute.

Acknowledgement: \_\_\_\_\_ Date \_\_\_\_\_

Please return your request form to **Leslie: lc\_johnston@comcast.net**; Ellen: omalove5@aol.com

**Leslie: 717-870-2192**; Ellen: 443-386-5750

Revised 08/07/2024