MY NURSING LEGACY

Information for My Family and the Wisconsin Nurses Honor Guard

WISCONSIN NURSES HONOR GUARD

Preserving Your Nursing Story for Future Generations

A personal record of your nursing journey,
prepared for your family and the
Wisconsin Nurses Honor Guard.

HELPING US HONOR YOUR NURSING LEGACY

Thank you for taking a few moments to share your nursing story. This information helps preserve your professional legacy and allows the Wisconsin Nurses Honor Guard to create a meaningful tribute that reflects your life of service. Complete as much or as little as you wish, then share the form with the person responsible for your final arrangements.

CONTACT INFORMATION TO REQUEST A SERVICE
Please visit winurseshonorguard.com and submit a "Request a Service" form.

PERSONAL INFORMATION

Full Name:

Preferred Name/Nickname:

NURSING EDUCATION

Nursing School(s) Attended, including City/State:

Degree(s), Certification(s):

Year(s) of Graduation:

NURSING CAREER

Nursing Credential(s): (Check all that apply)

☐ LPN ☐ RN ☐ BSN ☐ MSN ☐ APRN ☐ DNP ☐ PhD ☐ Other

Other:

Approximate Years in Nursing:

Please list the healthcare facilities, specialties, positions, or nursing roles that were most meaningful during your career.

YOUR NURSING STORY

What inspired you to be a nurse?

What are you most proud of or want to be remembered by as a nurse?

NURSING SERVICE AND PROFESSIONAL INVOLVEMENT

Please list any nursing organizations, mentoring, teaching, leadership, committee work, mission work, honor guard participation, professional associations, or volunteer nursing service that you would like to have mentioned in your service.

MILITARY SERVICE (IF APPLICABLE)

Branch of Service:

Years Served:

Role/Rank:

FINAL THOUGHTS

Is there anything else you would like remembered about your nursing journey or life of service?

WISCONSIN NURSES HONOR GUARD TRIBUTE PREFERENCES

If your family requests a tribute from the Wisconsin Nurses Honor Guard, please share your preferences.

Preferred Reading

- Nightingale Pledge
- “She Was There” Poem
- No Preference

Participation Preference

- Full Honor Guard Tribute
- Virtual Tribute (if available)
- No Preference

Special Requests

SOCIAL MEDIA USE AND PUBLIC RECOGNITION

Our social media posts are intended to celebrate a nurse's life of service and are shared only with family permission.

- Yes, I give permission for WNHG to share information about my service on its website and social media.
- No, I do not give permission for my information to be shared publicly.

PERMISSION STATEMENT

I understand that the information provided in this document may be used by the Wisconsin Nurses Honor Guard to prepare a nursing biography and tribute if my family requests WNHG services. Information will be used solely for that purpose.

Signature: _____ Date: _____

Thank you for sharing your story and your lifetime of service.

WHERE IS THIS FORM STORED?

Please indicate where this completed form is located so your family can easily find it when needed.

- Spouse/Partner
- Child/Children
- Executor/Personal Representative
- Funeral Director
- Attorney
- Other:

ADDITIONAL NOTES OR INFORMATION

Thank you for trusting us with your story and legacy. It is our honor to remember and celebrate you.

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