

Memorial Survey Form

Please complete this form and return it to the address below.

Full name (including maiden name) _____

Date of birth _____ Date of death _____

List family members and survivors _____

Describe history, background, employment _____

University of Indianapolis connection _____

Graduation year (if UINDY alumnus/a) _____

Memberships/organizational affiliations/awards/medals/honors/accomplishments _____

If veteran, list branch of service and length of service _____

Photo included? Yes No

Copy of obituary included? Yes No

Please check if you do not wish the above information to be shared on the memorial gifts web site.

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Annual Fund Office

1400 East Hanna Avenue

Indianapolis, IN 46227