

## Memorial Tree Request Form

**Please return this form to:**

Patrick Murphy  
School of Biological Sciences  
Campus Box 4120  
Normal, IL 61790-4120

**Date of Contact:** \_\_\_\_\_

**Planting Requested by:** \_\_\_\_\_

**Can be reached at:** \_\_\_\_\_

**Species Requested:** Please suggest 3 species of trees that would be preferred. \*\*Please note that final, species' selection will be determined by the Grounds' arborist based on current inventory.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Location Requested:** Please suggest 3 planting locations throughout campus that would be preferred. \*\*Please note that final, location selection will be determined by the Grounds' arborist based on current inventory.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Tagging Information:** Please check one and write in the designated name.

\_\_\_\_\_ In Memory of: \_\_\_\_\_

\_\_\_\_\_ In Honor of: \_\_\_\_\_

### Office Use Only

Date Purchased: \_\_\_\_\_ Purchased from: \_\_\_\_\_

Size of Tree: \_\_\_\_\_ Date Planted: \_\_\_\_\_

Species: \_\_\_\_\_

Has tagged been checked for accuracy? \_\_\_\_\_

Brief description of location: