Memorial Tree Request Form

Please return this form to:
Patrick Murphy
School of Biological Sciences
Campus Box 4120
Normal, IL 61790-4120
Mobile: (309) 838-4898
Email: rmurphy@ilstu.edu

Date of Contact: ____________________

Planting Requested by: _______________

Can be reached at: __________________

Species Requested: Please suggest 3 species of trees that would be preferred

1. ___________________________________

2. ___________________________________

3. ___________________________________

Location Requested: Please suggest 3 planting locations throughout campus that would be preferred.

1. ___________________________________

2. ___________________________________

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

_____ In Memory of:___________________________________________

_____ In Honor of:___________________________________________

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**Office Use Only**

Date Purchased:__________ Purchased From:______________________________

Size of Tree:_______________ Date Planted:______________________________

Species:__________________________________________________________

Has tag been checked for accuracy?__________________________________

Brief description of location:________________________________________