



MILITARY FUNERAL HONORS REQUEST FORM

Date /Time of Request:	Time:
Date of Form:	
Funeral Honors Area Rep:	
Phone:	Fax:

FUNERAL INFO: Date/Time Honors desired :	URN <input type="checkbox"/>	CASKET <input type="checkbox"/>	OTHER (I.e. memorial Svc) <input type="checkbox"/>
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Name of Deceased : (Last, First Middle)	Rate/Rank	Br. of Service	Status	Yrs in Svc:
SSN :	Date Of Birth :	Date of Death :	Eligibility Verified <input type="checkbox"/> YES	

LOCATION OF FUNERAL OR SERVICE

CEMETERY
 CHAPEL
 FUNERAL HOME
 OTHER (Specify in remarks)

Place:	Phone:
Address:	
City/State/Zip Code:	

NEXT OF KIN INFORMATION

Person to received flag:	Relationship to Deceased:
Address:	POC:
City/State/Zip Code:	Phone:

MORTUARY/ FUNERAL HOME INFORMATION

Name:	POC:
Address:	Phone:
City/State/Zip Code:	Verified mortuary has flag <input type="checkbox"/> YES

CHAPLAIN INFORMATION (For Retired Decedents Only)

Chaplain Desired: Yes <input type="checkbox"/> No <input type="checkbox"/>	Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Other <input type="checkbox"/>	Chapel Service:	Time:
Specify other:			
Chaplain assigned:	Time / Date assigned:	Spoke to:	

FUNERAL DETAIL INFORMATION (For Funeral Honors Office Use Only)

Command:	Given to:	Time/Date:
Faxed Time/date	Full Detail <input type="checkbox"/>	Flag Presentation <input type="checkbox"/>
	Live Bugler <input type="checkbox"/>	Tape / CD <input type="checkbox"/>
		Other <input type="checkbox"/>

REMARKS: