



HAWAII ONLY MILITARY FUNERAL HONORS
 Base Honolulu 400 Sand Island, Honolulu, HI, 96819

REQUEST FORM

Date /Time of Request:	Time:
Date of Form:	
Send Email to: D14-DG-M-SI-BASEHono-HonorGuard@uscg.mil	

FUNERAL INFO: Date/Time Honors desired :	URN <input type="checkbox"/>	CASKET <input type="checkbox"/>	OTHER (I.e. memorial Svc) <input type="checkbox"/>
---	--	---	--

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 No <input type="checkbox"/> <input type="checkbox"/>	Protestant Catholic Other <input type="checkbox"/> <input type="checkbox"/> <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:

Email this form to D14-DG-M-SI-BASEHono-HonorGuard@uscg.mil