

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, NAVMC 11737, is estimated to average 20 minutes per response, including the time for reviewing instructions, gathering required documentation and entering it onto the form. Send comments regarding the burden estimate to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number

DECEASED MARINE'S INFORMATION				
Last	First	MI	Rank	
Date of Birth (ex: Nov 10, 1775)		Date of Death (ex: Nov 10, 1775)		
Next Of Kin Information				
Last	First	Relationship to Marine		
Address	City	State	ZIP	Phone # (999) 999-9999
Requestor Information				
Requestor (Funeral Home Name, or Organization name... etc.)		Point of Contact (Name)		Point of Contact (Email)
Address	City	State	ZIP	Phone # (999) 999-9999
Location of Service Information				
Location of Service (Cemetery Name, Home, or Funeral Home...etc.)		Date (ex: Nov 10, 1775)	Time (ex: 3:30 PM)	Type of Service
Address	City	State	ZIP	Phone # (999) 999-9999
Additional Services Requested (Availability will be dependent upon manpower of supporting Marine Corps Unit)				
Rifle Detail:	<input type="checkbox"/>			
Pall Bearers:	<input type="checkbox"/>			
Chaplain:	<input type="checkbox"/>			

Reset Form

Print Form