



US MILITARY FUNERAL HONORS REQUEST

DD 214 OR DISCHARGE CERTIFICATE MUST ACCOMPANY THIS REQUEST

Please allow 72 hours advance notice

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

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: