

FUNERAL HONORS REQUEST

Request Date/ Time:

Received From:

Received By:

INFORMATION OF THE DECEASED

Name of Deceased: (Last, First, MI)

Grade:

SSN / Service # :

Service:

Military Status:

Date of Birth:

Date of Death:

Place of Death:

Religious Preference:

MISSION DETAILS

Mission Type:

Detail Location:

Interment Location:

Day, Time, and Date of Detail:

Day, Time, and Date of Interment:

MISSION REQUIREMENTS

- Bugler, Cerem.
 Fold & Present
 Firing Party
 Pall Bearers
 Chaplain
 Bugler, Live
 Color Guard
 Personal Color
 Vigil / Escort
 Flyover
 OTHER:

WHO RECEIVES THE FLAG / NEXT OF KIN

Name:

Relationship to the Deceased:

FUNERAL HOME

Funeral Home:

Point of Contact:

Phone Number:

REMARKS

VERIFICATION OF HONORABLE SERVICE

Received DD 214 or Honorable Discharge Certificate?

YES

NO

KIA or Line of Duty Death

COMMENTS: