



MILITARY FUNERAL HONORS REQUEST

This form is intended to be used only to request military funeral honors for an eligible veteran.

- ▶ Honors request information can be called in or faxed to the above contact numbers.
- ▶ It is not mandatory, but helpful if you would please attach or forward an eligibility document or a DD Form 214 for the veteran.
- ▶ It is not necessary to forward this request when a Veterans Service Organization (VSO) is asking for honors reimbursement.

PART ONE: Funeral Home Information

Name of Funeral Home: _____
 Requestor: _____
 Address: _____
 Phone #: () Cell #: () Fax #: ()
 Do you have a flag to present? Yes No

PART TWO: Information – Deceased Veteran

Name of Deceased Veteran: _____
 Branch of Service: U.S. Army U.S. Navy* U.S. Air Force
 U.S. Marine Corps* U.S. Coast Guard Army Air Force/Corps
 Merchant Marine
 Date of Birth: _____ Social Security #: _____ Date of Death: _____
MM/DD/YYYY MM/DD/YYYY
 Retired from Military Service? Yes No Rank (if known): _____
 Who will the flag be presented to? _____ Relationship to Veteran: _____
 *Next of Kin—Address & Phone #: _____

PART THREE: Type of Honors Requested by the Family

(Funeral directors should inform the family of the following: There is no cost associated with providing honors; the family can select the type of honors to be provided; the family can select if they would like honors performed by the military, VSO, or both; due to a shortage of buglers Taps is normally played by an electronic method.)

Type of service to be provided: <input type="checkbox"/> Casket <input type="checkbox"/> Cremation <input type="checkbox"/> Memorial Honors requested (check box that applies): <input type="checkbox"/> Firing Detail, Taps, Flag, Presentation <input type="checkbox"/> Taps, Flag, Presentation <input type="checkbox"/> Flag, Presentation Will the flag be? <input type="checkbox"/> Pre-folded <input type="checkbox"/> Draped	Has a VSO been contacted by the family or Funeral Director to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No Post #: _____ Phone #: () _____ Point of Contact: _____ VSO confirmed to provide rifle detail? <input type="checkbox"/> Yes <input type="checkbox"/> No VSO confirmed to provide Taps? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PART FOUR: Funeral Honors Location (i.e., cemetery, church, etc.)

Date: _____ Time: _____ City: _____ County: _____
 Location Name: _____
 Address: _____
 Directions to ceremony location: _____

Indicate any other special requests (example: commissioned officer or military relative to present the flag):

The funeral director should call in or fax this information as soon as possible to the above contact numbers. If you do not hear from us within 24 hours, or in a case of a short notification, confirm the coordination with us.