

MILITARY FUNERAL HONORS REQUEST

TODAY'S DATE AND TIME _____/_____/_____

NAME/PHONE# OF REQUESTOR _____

NAME OF DECEASED _____ SSN (REQUIRED) _____

SERVICE: ARMY _____ RANK _____

STATUS: ACTIVE RETIRED VETERAN _____ DATE OF DEATH _____

FUNERAL HOME _____

ADDRESS _____

PLACE OF SERVICE _____

ADDRESS _____

PHONE # _____

GRAVESIDE ____ CHAPEL ____ CHURCH ____ FUNERAL HOME ____ MAUSOLEUM ____

DATE _____ TIME _____

____ CASKET OR ____ CREMAINS _____ FIRING TEAM (RETIREE ONLY)

____ FLAG FOLDERS _____ CHAPLAN (RETIREE ONLY)

____ TAPS _____ PALL BEARERS (RETIREE ONLY)

FUNERAL HOME HAS: _____ FLAG _____ DD214/DISCHARGE

TASKINGS MUST BE CONFIRMED BY A TELEPHONE CALL FROM THE REQUESTOR.

OFFICE HOURS FOR Confirmations of Request 0730-1600, We are available 24/7

for Emergency Calls. Please Call – 573-596-0134 or 800-350-7746

Prefer EMAIL this form and DD 214 to usarmy.leonardwood.imcom.mbx.usag-flw-honors@mail.mil

**We MUST have the DD 214 and the SSN before Honors can be coordinated. Thank
you.**