



# BEALE AIR FORCE BASE HONOR GUARD

9 FSS / Honor Guard  
6101 B. Street  
Beale AFB, CA 95903  
Ph # 530-634-3346  
Fx # 530-634-2279

## MILITARY FUNERAL HONORS REQUEST FORM

9RW.beale.honorguard@us.af.mil

**Please FAX requests along with the military member's DD Form 214 to 530-634-2279**

### PART ONE: Funeral Home Information

Name of Funeral Home: \_\_\_\_\_  
Funeral Home Director in charge of service: \_\_\_\_\_ Email \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

### PART TWO: Deceased Veteran Information

Name of Deceased Veteran: \_\_\_\_\_  
Branch of Service (Circle One) : (U.S. Air Force) (Army Air Corps) Other: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Retired from Military Service (20+ Years in active service) (YES) (NO)  
Rank: \_\_\_\_\_ Who will the flag be presented to? \_\_\_\_\_  
Relationship to Veteran: \_\_\_\_\_ Next of Kin-Address \_\_\_\_\_  
Next of Kin-Phone: (\_\_\_\_) \_\_\_\_\_

### PART THREE: Type of Honors Requested by the Family

\*ACCORDING TO AF INSTRUCTION HONOR GUARD ONLY REQUIRES A MIN OF 2 GUARDSMEN PER FUNERAL AND DOES NOT SUPPLY FLAGS

Type of service to be provided (Circle One): (Casket) (Cremation/Urn) (Memorial Service)  
Weight of casket & remains \_\_\_\_\_ Weight of Urn \_\_\_\_\_

Honors requested (check boxes that apply):

Veteran	Retired Only	Active Duty
<input type="checkbox"/> Flag Fold (2 man flag fold team)	<input type="checkbox"/> Flag Fold (6 man flag fold team)	<input type="checkbox"/> Flag Fold (6 man flag fold team)
<input type="checkbox"/> Bugler	<input type="checkbox"/> Bugler	<input type="checkbox"/> Bugler
	<input type="checkbox"/> Body Bearers (6 man team)	<input type="checkbox"/> Body Bearers (6 man team)
	<input type="checkbox"/> Firing Party (3 man firing team)	<input type="checkbox"/> Firing Party (7 man firing team)
		<input type="checkbox"/> Color Guard (4 man color team)
		<input type="checkbox"/> Chaplin

### PART FOUR: Funeral Honors Location

Date of Funeral: \_\_\_\_\_ Time: \_\_\_\_\_ Location Name: \_\_\_\_\_  
Location Type (Circle One): (Gov Cemetery) (Private Cemetery) (Church) (Funeral Home) Other: \_\_\_\_\_  
Address where Honors will be presented: \_\_\_\_\_

Additional Directions to ceremony location: \_\_\_\_\_

Indicate any other special requests: \_\_\_\_\_

The funeral director should email 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.

<http://www.bealefss.com/honor-guard>