



**JOINT BASE CHARLESTON  
HONOR GUARD  
FUNERAL HONORS REQUEST WORKSHEET**



**Please include proof of military service with your request:  
DD 214, Retirement Orders, Separation Orders OR copy of Military ID card  
When filled in, this request contains Privacy Act of 1974 information,  
And is to be used only for detail purposes IAW AFI 37-123.  
FOR OFFICIAL USE ONLY  
REQUEST SHEET**

**OFFICE: (843) 767-2134  
CELL: (843) 901-9785  
FAX: (843) 760-1764  
E-MAIL: 628HonorGuard@us.af.mil**

**102 N. Davis Drive  
JB Charleston, SC 29404  
Attn: Honor Guard**

*Please follow up with a phone call to confirm HG receipt of faxed/emailed request(s)*

Date of Request: _____	Time of Request: _____
Name and Address of Requester: _____	Telephone # of Requestor: _____

Funeral Home Information	Name of Funeral Home: _____
	Address: _____
	Funeral Director • s Name: _____
	Phone Number: _____

Deceased Information	Name: _____
	Social Security Number: _____
	Grade: _____
	Service/Branch: <input type="radio"/> Air Force <input type="radio"/> Army Air Force <input type="radio"/> Army Air Corps <small>(CIRCLE/CHECK ONE)</small>
Duty Status: <input type="radio"/> Active Duty <input type="radio"/> Retired <input type="radio"/> Veteran <small>(CIRCLE/CHECK ONE)</small>	<small>(20 years plus)</small>
	<small>(Less than 20 years)</small>

Honor Elements <small>(CIRCLE APPLICABLE ELEMENTS)</small>	Pallbearers <input type="checkbox"/> Firing Party <input type="checkbox"/> Taps <input type="checkbox"/> Flag Fold <input type="checkbox"/> Color Guard <input type="checkbox"/> <small>(AD Only)</small>
	Flyover <input type="checkbox"/> <small>(Requires minimum five days/rated veterans ONLY)</small>

Next of Kin Information	Name: _____ Relationship to Deceased: _____
	Address: _____
	Phone Number: _____

Service Information	Date: _____ Time: _____	Time at Graveside: _____
	Location (County and State): _____	
	Place: <input type="radio"/> Cemetery <input type="radio"/> Church <input type="radio"/> Other <small>(CIRCLE ONE)</small>	
	Name and Address of Cemetery/Church: _____	

Type of Service <small>(Circle One)</small>	<input checked="" type="radio"/> Traditional (Casket) <b>(Apprx. Weight: _____)</b> <input type="radio"/> Cremation (Urn) <input type="radio"/> Memorial
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**Special Notes:**

Joint Base Charleston provides funeral honors services in an Area of Responsibility (AOR) which encompasses the following counties:

**SOUTH CAROLINA (22)**

Aiken, Allendale,  
Bamberg, Barnwell, Beaufort (**National Cemetery**), Berkeley  
Charleston, Clarendon, Colleton  
Dillon, Dorchester  
Edgefield  
Florence (**National Cemetery**)  
Georgetown  
Hampton, Horry  
Jasper, Marion, Marlboro  
McCormick, Orangeburg, Williamsburg

**GEORGIA (14)**

Bryan, Bulloch, Burke  
Chatham, Columbia  
Effingham, Evans  
Jenkins  
Liberty, Lincoln, Long  
McIntosh  
Richmond  
Screven

**NORTH CAROLINA (6)**

Bladen, Brunswick  
Columbus  
Richmond, Robeson  
Scotland

*• To Honor With Dignity •*