



TEAM KIRTLAND HONOR MILITARY FUNERAL HONORS REQUEST

Building 1010, 4600 Randolph Ave, Kirtland AFB, NM 87117 **Office:** (505) 846-1804
Emergency After-Hours: Honor Guard 24HR CELL (505) 870-3030 **Fax:** (505) 853-2639



Office Hours: Monday – Friday, 0800-1530

Instructions:

Base Honor Guard Program Manager: TSgt Marcus Walker

1. Complete all of the below requested information.
2. E-mail this document to 377FSS.FRZH.HonorGuard@us.af.mil **AND** marcus.walker.8@us.af.mil or Fax to (505) 853-2639 along with a copy of the deceased's DD Form 214 or other document to validate honorable service.
3. Please do your best to submit request **72 hours in advance** and call the Honor Guard office to confirm receipt if you have not received confirmation within 48 hours of request submission.
4. **Please contact the Honor Guard ASAP if the service is within the next 24 hours, using the emergency after-hours number.**
5. Please contact the Honor Guard via telephone or e-mail as soon as possible with any updates or changes.

Funeral Honors Request Information			
Requestor Information			
1. Funeral Home Name	2. Funeral Director/Requestor Name	3. Phone Number	4. Today's Date
5. E-mail Address		6. Address (Street, City, State, Zip Code)	
Deceased Information			
7. Service Branch <input type="checkbox"/> Air Force (including Guard & Reserve) <input type="checkbox"/> Army Air Corps			
8. Name (First M. Last)	9. Rank or Pay Grade	10. Social Security Number	
11. Military Status: (Select One)		Services Requested: (available options on same row as selected military)	
<input type="checkbox"/> Veteran: (<19 years of service)		<input type="checkbox"/> Flag Fold <input type="checkbox"/> Bugler/Taps	
<input type="checkbox"/> Retiree: (>20 years of service or medically retired)		<input type="checkbox"/> Flag Fold <input type="checkbox"/> Bugler/Taps <input type="checkbox"/> Firing Party <input type="checkbox"/> Pallbearers	
<input type="checkbox"/> Active Duty:		<input type="checkbox"/> Full Military Funeral Honors (Flag Fold, Bugler/Taps, Firing Party, Pallbearers) <input type="checkbox"/> Colors <input type="checkbox"/> Chaplain	
Next of Kin Information			
12. Name (First M. Last)		13. Phone Number	
14. Relationship to Deceased <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Caretaker <input type="checkbox"/> Other:			
Funeral Honors Location Information			
15. Location Name	16. Point of Contact	17. Phone Number	
18. Location Address (Street, City, State, Zip Code)		19. Location Type <input type="checkbox"/> Santa Fe National Cemetery <input type="checkbox"/> Private Cemetery <input type="checkbox"/> Funeral Home Chapel <input type="checkbox"/> Church <input type="checkbox"/> Other:	
20. Date of Death	21. Date of Service	22. Time of Military Funeral Honors	
23. Remains: <input type="checkbox"/> Casket <input type="checkbox"/> Urn <input type="checkbox"/> No Casket/Urn <input type="checkbox"/> Other:			Casket Weight:

The Team Kirtland Honor Guard **does not** supply the U.S. Flag. Application for the U.S. Flag for burial purposes can be found at the following link: <http://www.vba.va.gov/pubs/forms/VBA-27-2008-ARE.pdf> You may also obtain a U.S. Flag at any VA regional office or U.S. Post Office.

INTERNAL USE ONLY (TEAM KIRTLAND HONOR GUARD ADMIN)					
_____ SHOW TIME [ST] (DT -30 mins)	Received By	TAPS Entry	Confirmed	Database Entry	Reviewed By
_____ Departure Time [DT] (travel time +60 mins)	Name:	Name:	<input type="checkbox"/> Email	Name:	Name:
_____ Arrival Time [AT] (CT -60 mins)	Date:	Date:	<input type="checkbox"/> Phone	Date:	Date:
_____ Ceremony Time [CT]	Time:		By:		

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