

Maxwell AFB Honor Guard

Military Funeral Request

Funeral Home Information:

1. Name of Funeral Director: _____
2. Funeral Director Telephone #: _____
3. Name of Funeral Home: _____
4. Funeral Home Address: _____

Military Honoree Information:

5. Name of Deceased: _____
6. Rank/Grade: _____
7. Social Security # (mandatory): _____
8. Date of Death: _____
9. Branch of Service (Circle One): Army / Navy / Air Force / Marines / Space Force / Coast Guard
10. Duty Status (Circle One): Active Duty / Retired / Veteran / POW/MIA / Air Force Cross Recipient / WASP
11. Committed a Felony (mandatory): YES / NO

Next of Kin Information:

12. Next of Kin Name: _____
13. Next of Kin Address: _____
City: _____ State: _____ Zip Code: _____
14. Next of Kin Phone: _____
15. Relationship to Military Honoree: _____

Military Funeral Honors Information:

16. **Date** of Military Honors: _____
17. **Time** of Military Honors presented by Honor Guard: _____ CST / EST (circle one)
18. **Location** of Military Honors: Cemetery / Church / Chapel / Gravesite
19. Location Name: _____
Location Address: _____
City: _____ State: AL / GA Zip Code: _____ County : _____
20. Casket / Urn (circle one) Casket Weight: _____

Honor Guard **DOESN'T provide flags, provide a VA Form 27-2008 to your local post office:
<http://www.vba.va.gov/pubs/forms/VBA-27-2008-ARE.pdf>

For a duplicate DD214, please contact the **National Cemetery Scheduling Office at 800-535-1117.

Requester's Comments: _____

Note: Guardsmen show up an hour early to every Military Funeral Honor.

****Our Office may contact you multiple times to keep confirming Military Funeral Honors and if there are any changes.**

Verification Completed by Maxwell-Gunter Base Honor Guard:

		Confirmed by Initials
	Funeral Home	
	Name of Deceased	
	Next of Kin	
	Date of Honors	
	Time of Honors	
	Location of Honors	
	Location Name	
	Location Address	
	Signature in the next box stating all information is correct to the best of knowledge	

Verification Completed by Requestee or Funeral Home:

		Confirmed by Initials
	Funeral Home	
	Name of Deceased	
	Next of Kin	
	Date of Honors	
	Time of Honors	
	Location of Honors	
	Location Name	
	Location Address	
	Signature in the next box stating all information is correct to the best of knowledge	

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