



TINKER AFB HONOR GUARD MILITARY HONORS REQUEST FORM (PLEASE PRINT CLEARLY)



REQUEST FOR FUNERAL HONORS FOR DECEASED USAF PERSONNEL				
Next-of-kin Requests (check all that apply for the appropriate honors)				
Please adhere to the following when requesting honors:				
<ul style="list-style-type: none"> ➤ Contact the Honor Guard office by phone after transmitting paperwork by email. This office is no longer accepting faxed requests ➤ Provide detailed instructions to the Cemetery, Chapel or Funeral location. ➤ Provide a copy of the deceased's DD 214 or military ID card. (Honors cannot be provided without proof of military service) ➤ Provide any information deemed appropriate or unusual. 				
Veteran Honors: Flag Fold <input type="checkbox"/> Taps <input type="checkbox"/>				
Retiree Honors: Flag Fold <input type="checkbox"/> Taps <input type="checkbox"/> Firing Party <input type="checkbox"/> Pallbearing <input type="checkbox"/> If Pallbearing, Weight (including casket): _____ lbs.				
Would the family like a Military Chaplain? Yes <input type="checkbox"/> No <input type="checkbox"/> (For a military Chaplain please contact the Chaplains office at (405) 734-2111.)				
Honors to be performed: Chapel <input type="checkbox"/> or Graveside <input type="checkbox"/> County Military Honors will be performed: _____				
Was the member cremated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Has the internment flag been acquired? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please note: 5' x 9.5' flags are provided by funeral service or local post office)				
DECEASED INFORMATION				
Name (Last, First, MI)		Religious Preference (only if requesting a military Chaplain)		Rank
Social Security Number	US Air Force or Army Air Corps Component Regular AF <input type="checkbox"/> AF Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army Air Corps <input type="checkbox"/>			
NEXT OF KIN INFORMATION				
Name (Last, First, MI)		Phone Number (include area code)		Relationship to Deceased
Address				Spouse <input type="checkbox"/>
City		State		Son <input type="checkbox"/>
		Zip Code		Daughter <input type="checkbox"/>
				Other <input type="checkbox"/> _____
FUNERAL HOME INFORMATION				
Funeral Home Name		Funeral Director Name		Phone Number
Address		City		State
				Zip Code
FUNERAL SERVICE INFORMATION				
If same as Funeral Home Information, leave blank.				
Location Name		Point of Contact		Phone Number
Location Address		City		State
				Zip Code
BURIAL/INTERMENT INFORMATION				
Cemetery Name		Point of Contact		Phone Number
Cemetery Address		City		State
				Zip Code
Funeral Day & Date (ddd dd MMM yy)	Funeral Service Time am pm	Cemetery Service Time am pm	Note: If requesting pall bearing service, casket must be placed with feet facing front of hearse and union of interment flag draped over left shoulder of casket.	
Please include any other important information:				
For Tinker Honor Guard Office Staff Use Only				
Confirmed w/(funeral home staff):		Date:	Time:	Office Staff (init):

HG MHR Form 1 (Jul 2020)

* All previous editions of this form are invalid *

Please email all requests to the address below.

This office no longer has fax capabilities

E-mail: 72FSS.FSVH.HG@US.AF.MIL

Office (M-F 0800-1600): 405-734-4226

Cell Phone (24 Hour): (405) 706-5689

Tinker AFB Honor Guard Contact Information

Address: 72 FSS/FSVH
6120 Arnold Street
Tinker AFB, OK 73145-8101