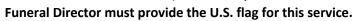
Please fax this form along with verification of honorable military service (DD214, NGB22,Orders,etc.) as soon as possible.



	Fax Numbe	869	Desk Phone: 660-687-653				6532					
Family's Requests												
Pallbearing Firing Party Taps	VSO/VFW	' Used <u> </u>										
Honors R	equested											
Director's Remarks												
City State			Zip		Condition of Re			_	mains	☐ Me	emorial	
	ı											
Cemetery Name				Address						<u> П 163</u>	LI NO	—
Funeral Date	Funeral ⁻	Funeral Time			Time of Honors		1		POW Yes No			
Address							POC Pho	ne Numb	er			
					. 55 Mail							
Funeral Home					POC Nan	ne						
Address												
Next of Kin			Relation to Deceased				Phone Number					
Date of Birth Date of			Death				Status	Veteran Retired Military				
							I					
Social Security Number			Branch									
Deceased Name				Rank				Verifying	Docum	ent Type		
			-								HONOR GU	