

FUNERAL HONORS REQUEST

DATE OF REQUEST: _____

NAME OF HONORS REQUESTER: _____ PHONE #: _____

NAME OF DECEASED: _____ GRADE: _____ SSN: _____

STATUS: ACTIVE DUTY RETIRED VETERAN (SERVED LESS THAN 20 YRS)

BRANCH OF SERVICE: _____ (AF, AAF, AC)

NOK INFORMATION

NEXT OF KIN: _____ RELATION: _____

FUNERAL HOME INFORMATION

FUNERAL HOME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ ZIP: _____

FUNERAL DIRECTOR: _____

FUNERAL SERVICE INFORMATION:

DATE OF SERVICE: _____ TIME OF SERVICE: _____

LOCATION OF SERVICE: FUNERAL HOME CHAPEL/CHURCH CEMETERY

OTHER: _____

TYPE OF HONORS REQUESTED:

___ FLAG FOLD/PRESENTATION ___ TAPS * ___ PALLBEARERS (ONLY AT CEMETERY) * ___ FIRING PARTY

*: ONLY PROVIDED FOR AF RETIREES PLEASE PROVIDE MILITARY DOCS (IE DD 214, HONORABLE DISCHARGE, RETIREMENT ORDER)

CEMETERY INFORMATION:

NAME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CIRCLE ONE: CASKET URN NEITHER

CIRCLE ONE: FLAG DRAPED PRE-FOLDED

FAX: (707) 424-1298

VOICE: (800) 586-8402 OR (707) 424-5252/5168