

FORT HOOD MILITARY FUNERAL HONORS REQUEST FORM (U.S. ARMY ONLY)

EFFECTIVE 2018 APRIL 10



Operation Hours: (Monday - Friday) 07:30 AM - 4:30 PM
(Closed on Weekends & Federal Holidays)

(1) All Funeral Honors request must be received by this office 48 operation hours prior to the date of scheduled service.

(2) Fax this form and the Member 4 copy of the DD Form 214 or Statement of Honorable Discharge to (254) 288-5620.

Request Form was faxed on

Date: _____

Time: _____

Fort Hood Funeral Honors Area Representatives: Mr. Jones/Mrs. Benjamin

*** PLEASE CALL 254-287-7200 / 6968 TO VERIFY THAT THE FAXED WAS RECEIVED ***

Military Honors to be rendered:	URN	CASKET	OTHER (i.e. memorial Svc)	
Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>NOTE: Remains of deceased must be present or proof that the deceased body was donated to science)</i>
Time: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>				

Name of Deceased: (Last, First Middle)	Rank	Br. of SVC	Status	Eligibility Verified <input type="checkbox"/> YES (DD Form 214 Rec'd)
SSN: _____	Date of Birth: _____	Date of Death: _____	Time of Death: _____ AM <input type="checkbox"/> (Retiree Only) PM <input type="checkbox"/>	Place of Death (City, State) (Retiree Only)

LOCATION OF MILITARY HONORS

CEMETERY
 CHAPEL
 FUNERAL HOME
 OTHER (Specify in remarks)

Name of Place:	Contact Name:
Address:	Phone:
County:	City/State/Zip Code:

NEXT OF KIN INFORMATION

Person to received flag:	Relationship to Deceased:
Address:	Point of Contact:
County:	City/State/Zip Code: Phone:

MORTUARY/FUNERAL HOME INFORMATION (If Applicable)

Name of Funeral Home:	Name of Funeral Director:
Address:	County: Phone:
City/State/Zip Code:	Verified funeral home has flag: <input type="checkbox"/> YES <input type="checkbox"/> NO

CHAPLAIN INFORMATION (For Retired and Active Duty Decedents Only)

Chaplain Desired:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Protestant <input type="checkbox"/>	Catholic <input type="checkbox"/>	Other <input type="checkbox"/>	Chapel Service:	Time of SVC AM <input type="checkbox"/> PM <input type="checkbox"/>
Specify other: _____							

FUNERAL DETAIL INFORMATION (DO NOT WRITE BELOW: For Funeral Honors Office Use Only)

Full Detail <input type="checkbox"/>	Flag Presentation <input type="checkbox"/>	Live Bugler <input type="checkbox"/>	Electronic Device <input type="checkbox"/>
(For Retired and Active Duty Decedents ONLY)		(For Active Duty Decedents ONLY)	

REMARKS: In addition to submitting the Military Funeral Honors Request Form and the appropriate discharge paperwork via facsimile transmissions, a representative from your establishment **MUST** telephonically contact this office during operation hours as listed above to confirm receipt. Military Funeral Honors Request must be submitted at least 48 operational hours prior to the actual interment. This office cannot guarantee Military Honors on those request received by this office with less than 48 operational hours and/or any request submitted on the weekend. It is extremely critical that all items of information is provided; too include supporting documentation. Special emphasis must be placed on providing a complete/correct address (physical address, not mailing address) of the cemetery or interment site or place where Military Honors will be rendered.

I acknowledge that I understand the above process/procedure to request Military Funeral Honors.

Funeral Director and/or Next-Of-Kin Initials: _____ Date: _____