



DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT CARSON
1661 O'CONNELL BOULEVARD, BUILDING 1012, ROOM 118
FORT CARSON, COLORADO 80913-4143

AMIM-CRH-M

03 March 2025

MEMORANDUM FOR Funeral Home Directors

SUBJECT: Standard Operating Procedure (SOP) for Requesting Military Funeral Honors (MFH) From the Fort Carson Casualty Assistance Center (CAC)

1. The goal of the Fort Carson Casualty Assistance Center is to provide MFH for all Veterans, Retirees, and Active Duty personnel in our area of responsibility when requested by the family. The purpose of this SOP is to establish and improve our relationship with the funeral homes within our area of responsibility.
2. The SOP will assist Funeral Directors, the procedures in processing MFH Requests for our Fallen Soldiers, Active, Veterans and Retirees. The procedures and timelines listed must be followed to ensure that we are providing the correct service for the fallen service member and the next of kin.
3. The Fort Carson Casualty Assistance Center have a limited number of personnel available to perform Funeral Honors. Our normal business hours are Monday – Friday 0730-1600. Funeral Honors coordination must adhere to our normal business hours and the below timelines in order to give the military units providing the teams adequate reaction time. Our area of responsibility is divided into two categories.
 - a. **Local:** The funerals conducted within 100 miles of Colorado Springs/Fort Carson. Requires all request NLT 48 business hours prior.
 - b. **Three Day Area:** The funerals conducted more than 101 miles from Colorado Springs/Fort Carson. Requires all request NLT 72 business hours prior.
4. Responsibilities of the Funeral Director:
 - a. When the Funeral Director receives a request for military honors from the next of kin, it is their responsibility to ensure they obtain proper discharge information from the family or Veteran's Administration (VA). The discharge information can be DD 214, Certificate of Honorable Discharge or any other verification from the VA as long as it contains the name, rank, character of service, and years of service. *The funeral director should advise the family of the timelines required to coordinate and obtain an honors team for the family's consideration in scheduling the funeral date.*

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b. The Funeral Director must fill out the Military Funeral Honors Request Form. Once the Funeral Director has all the necessary information, they must submit to this office via fax at (719) 526-8492 or email: usarmy.carson.imcom-central.list.dhr-mpd-casualty@army.mil and call (719) 526-5613/14 to confirm receipt of the military honors request between the hours of 0730-1600, MON-FRI, during normal business hours.

NOTE: Due to recent staff reductions and requirement to give military units adequate response time to provide funeral teams, request submitted on week-ends and federal holidays will be picked up the following business day to coordinate. Therefore, funerals scheduled for Mondays, or Tuesdays following the Monday holiday, must be received in the Fort Carson Casualty Assistance Center no later than 4:00 pm on the Thursday prior to allow normal business day to coordinate and obtain requested support.

5. To ensure that our Honor Teams arrive safely and in a timely manner, we request the following information:

a. If the requesting funeral home is within the local area, the director must notify this office at least 48 **business** hours in advance after ensuring discharge information is correct. Requests received less than 48 business hours prior may not be supportable.

b. If the requesting funeral home is within the three day area, the director must notify this office at least 72 business hours in advance after ensuring discharge information is correct. Requests received less than 72 business hours prior may not be supportable.

6. In an effort to ensure that we continue providing quality service to our Fallen Heroes and their families, we request this information be disseminated to all funeral directors in our area of responsibility.

7. Below is a list of the Fort Carson Casualty Assistance Center area of responsibility which consists of five states; Colorado, South Dakota, North Dakota, Utah and Wyoming.

8. Point of contact for this SOP is Mr. Jason Suggs, Memorial Affairs Coordinator at COMMERCIAL: (719) 526-5613/14 or fax: (719) 526-8492.

//Original Signed//

Zita Y. Ephron

Supervisor, Casualty Assistance Center

FUNERAL REQUEST AND AFTER ACTION REPORT
(DHR/Casualty is the proponent, the approving authority is AR 600-6-6)
IN ACCORDANCE WITH FC Form 1913-E, revised FEB 2010

Privacy Act Statement			
Authority: 10 U.S.C. 3013; DoDD 1300-15; DoDD 1300-18; AR 600-8-1; and E.O. 9397 (SSN) Purpose(s): To provide needed information into the casualty processing system, to respond to inquiries and to support the families of Servicemembers. Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a (b)(3) as follows: Information from these records may be disclosed to the Department of Veterans Affairs, and other Federal agencies in connection with eligibility, notification, and assistance in obtaining benefits due. Information from these records may be released to family members of the injured or deceased DoD personnel to aid in the settlement of the member's estate or other affairs. The DoD 'Blanket Routine uses' set forth at the beginning of the Army's compilation of systems of record notices also apply to this system. Disclosure: Disclosure of SSN and other personal information is voluntary, however, failure to do so may result in a delay in processing the inquiry.			
Notes: Military Funeral Honors requests must be submitted 8 hours prior to the actual internment. This office cannot guarantee Military Honors, requests received by this office with less than 48 hours notice. This office is closed on weekends and holidays. Requests for Saturday, Sunday, and Monday services must be submitted by 1500 on the Friday prior. Ensure you receive the name of the person who confirmed the receipt.			
Please make blank copies of FC Form 1913-E & FC Form 1903-1 for future use. Call (719)526-5613/5614 to confirm the receipt of the request Fax number: (719)526-8492 , Email : usarmy.carson.imcom-central.list.dhr-mpd-casualty@army.mil			
REQUESTOR			
Name of Requestor/Funeral Home POC & Telephone #:		Funeral Home:	Time & Date Submitted to Ft. Carson
VETERAN / RETIREE INFORMATION			
Name of Deceased (Last, First M.):		Date of Birth:	
Unit of Assignment (active duty):	Grade:	SSN:	Branch of Service:
Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Veteran		Religion:	
Place of Death:	Date of Death:	<input type="checkbox"/> Full Body <input type="checkbox"/> Cremations	
FLAG TO BE PRESENTED TO:			
Name:		Relationship:	Telephone Number:
Address:			
HONORS TO BE HELD			
Honors Location Name:		Where will Honor Team Meet:	
		<input type="checkbox"/> Cemetery <input type="checkbox"/> Church <input type="checkbox"/> Funeral Home <input type="checkbox"/> Other.	
Location Address:		Day, Time, and Date of Burial:	
HONORS REQUESTED (Retirees are eligible for all, Veterans are only authorized the Bugler and Presenter) <input type="checkbox"/> Bugler <input type="checkbox"/> Chaplain <input type="checkbox"/> Presenter <input type="checkbox"/> Pallbearers <input type="checkbox"/> Firing Team (Family must bring flag for presentation. Available free of cost through local post office)			
REMARKS:			
CAC USE ONLY			
Information verified by _____		Has it been logged into the MFH database? YES <input type="checkbox"/>	
Date and time _____		Has it been sent to the MFH Team? YES <input type="checkbox"/>	
		<input type="checkbox"/> CONG <input type="checkbox"/> UTNG <input type="checkbox"/> WYNG <input type="checkbox"/> SDNG <input type="checkbox"/> NDNG <input type="checkbox"/> CAR Team	

FOR RETIREE DEATHS ONLY

RETIREE DEATH CASE (CASUALTY CONTROL SHEET) <i>(DHR/Casualty is the proponent; the authority is AR600-8-1)</i>		Repon Number:	
<p style="text-align: center;">Privacy Act Statement</p> <p>Authority: 10 U.S.C.3013; DoDD 1300.15; DoDD 1300.18; DoDD 1300.22; AR 600.8-1; and E.O. 9397 (SSN). Purpose(s): To provide needed information into the casualty information processing system, to respond to inquiries and to support the families of Servicemembers. Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b)(3) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Information from these records may be disclosed to the Department of Veterans Affairs, and other Federal agencies in connection with Eligibility, notification, and assistance in obtaining benefits due. Information from those records may be released to family members of the injured or deceased DoD personnel to aid in the settlement of the member's estate or other affairs. The DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of record notices also apply to this system. Disclosure: Disclosure of SSN and other personal information is voluntary, however, failure to do so may result in a delay in processing the inquiry.</p>			
PERSON REPORTING THE RETIREE'S DEATH:		Organization	
		Date/Time	
SECTION I (RETIREE'S INFORMATION)			
1.NAME: (Last, First, Middle)		2. GRADE	
		3. SSN	
4. RACE:		5. RELIGION:	
6. PLACE OF DEATH – (City and State):			
a. Date/Time of Death:			
c. Circumstances or Cause of Death: (Natural, Accident, etc.) <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> OTHER			
7. DATE OF BIRTH:		8. PLACE OF BIRTH: (City and State):	
SECTION II – SPOUSES INFORMATION – If no spouse, please provide the Next-of-Kin Information			
1. NAME (Last, First, Middle)		2. RELATIONSHIP:	
		3. PHONE NUMBER:	
4. MAILING ADDRESS:			
5. SSN:		6. DATE OF BIRTH	
		7. DATE OF MARRIAGE:	
SECTION III (TO BE COMPLETED BY FORT CARSON CASUALTY ASSISTANCE CENTER)			
SBP Base Amount:			
SBP ANNUITANT AMOUNT:			
VA DISABILITY PERCENTAGE:			
ALLOTMENTS:			