TEAM: ----- / -----

REQUEST FOR MILITARY FUNERAL HONORS

Email this completed form to:
usarmy.gordon.imcom.list.fg-casualty-affairs@army.mil
Casualty Assistance Center: 706-791-4212/7400/1940
Proponent: Installation Support Detachment, Fort Gordon Directorate of Plans, Training, Mobilization, & Security

1a. Request Submitted By: (Name & Title of person submitting this request)	**b. Phone Number:** (Include Area Code)

DECEASED INFORMATION

2a. Name: (Last, First MI)		**b. Rank/Grade:**	**c. SSN:**	**d. Religion**
e. Branch of Service: Army -----	**f. Period of Service:**	**g. Type of Discharge.** Honorable		**h. Cause of Death** Natural
i. Place and Date of Birth: (Month/Day/Year)		**j. Place & Date of Death** (Month/Day/Year)		

PRIMARY NEXT-OF-KIN INFORMATION

3a. Primary Next-Of-Kin: (Last Name, First Name, MI)	**b. Relationship:**
c. Address:	**d. Phone Number:** (Include Area Code)

FUNERAL INFORMATION

4a. Mortuary: (Name of Funeral Home)	**b. Phone Number:** (Include Area Code)
c. Mortuary Address:	

5a. Detail Report To: (Location where the honors team will arrive)	**b.Date/Time Honors Team Requested** **Team will arrive 1-1.5 hrs prior to time of funeral**

6. Type of Service (Check all that apply)	**7. Does the Funeral Home have a flag?**	**8. County**
☐ **Funeral** ☐ **Memorial** ☐ **Cremation** ☐ **Graveside** ☐ **Burial**	☐ **Yes** ☐ **No**	------

9. Services Requested:

FULL HONORS (Retired/Active Duty)**:** ☐ **Flag Folding / Presentation** ☐ **Pallbearers** ☐ **Firing Team** ☐ **Bugler** ☐ **Chaplain**

VETERAN HONORS (Not retired)**:** ☐ **Flag Folding / Presentation** ☐ **Ceremonial Bugle/Taps**

ISD USE ONLY

Received By: (ISD Official)	**Date:** (Day/Month/Year)	**Time Received** (Military Time)

Assigned Team Leader:	**Time/Date Funeral Home Contacted by TL:**	**Person Contacted:**

Assigned Chaplain	**Chaplain Phone Number**
Assigned Casualty Assistance Officer/NCO (Active Duty ONLY)	**Casualty Assistance Officer/NCO Phone Number**

POST-MISSION REPORT

Time Departed Ft. Eisenhower	**Time Arrived at Funeral Site**	**Time Returned to Ft. Eisenhower**

Total Soldier Hours:	**Total Mileage:**	**FUEL CONSUMPTION**		
		Gal. Filled (on-post)	**Gal. Filled (GSA Card)**	**Cost per Gallon (GSA)**
				Total Cost (GSA)

Remarks:	☐ G1 ENTERED ☐ G1 CLOSED ☐ SP CLOSED