TEAM: /

REQUEST FOR MILITARY FUNERAL HONORS
Fax or email this completed form to (706) 791-9736
usarmy.gordon.imcom.mbx.eise-military-funeral-honors@army.mil
For 24/7 Support: (706) 840-4847

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)

Funeral   Memorial   Cremation   Graveside   Burial

7. Does the Funeral Home have a flag? Yes   No | **8. County**

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

FG FORM 6841-R-E, DEC 2025   EDITION OF AUG 2025 IS OBSOLETE