

# **Military Funeral Honors Request Form**

Requestor			
Rank / Name of Deceased			
Service # / SSN			
Location of Service			
Date / Time of Service			
Urn	Casket		
Military Chaplain Requested		Denomination	
Requestor (Name/Contact #)			
POC Honor Guard is to Contact (Name/Contact #)			
Remarks			

**Request for Military Funeral Honors must be received by the CAC no later than 96 hours prior to service (0800-1600, MON-FRI / Closed on Federal Holidays)**

Please furnish military discharge or supporting documents with this request. This document must be typed. Point of contact is the Casualty Assistance Center at (808) 655-1199/5144/5124 or [usarmy.schofield.id-pacific.mbx.casualty-assistance-ctr@army.mil](mailto:usarmy.schofield.id-pacific.mbx.casualty-assistance-ctr@army.mil)  
Address: 371 Brannon Avenue, Building 663, Schofield Barracks, Hawaii 96857

Casualty Assistance Center							
MFH #		<u>AD</u>	<u>RET</u>	<u>VET</u>	<u>MOH</u>	<u>3-Soldier</u>	<u>9-Soldier</u>
CAC							

Lightning Operations Center	
Tasked Unit:	
LOC	

Tasked Unit	
MFH Confirmed and POC Contacted:	
Remarks	