

## **MILITARY FUNERAL HONORS REQUEST**

TODAY'S DATE AND TIME \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

NAME/PHONE# OF REQUESTOR \_\_\_\_\_

NAME OF DECEASED \_\_\_\_\_ SSN (REQUIRED) \_\_\_\_\_

SERVICE: ARMY

RANK \_\_\_\_\_

STATUS: RETIRED VETERAN

DATE OF DEATH \_\_\_\_\_

FUNERAL HOME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PLACE OF SERVICE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

GRAVESIDE \_\_\_\_ CHAPEL \_\_\_\_ CHURCH \_\_\_\_ FUNERAL HOME \_\_\_\_ MAUSOLEUM \_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

\_\_\_\_ CASKET OR \_\_\_\_ CREMAINS \_\_\_\_ FIRING TEAM (RETIREE ONLY)

\_\_\_\_ FLAG FOLDERS \_\_\_\_ CHAPLAN (RETIREE ONLY)

\_\_\_\_ TAPS \_\_\_\_ PALL BEARERS (RETIREE ONLY)

FUNERAL HOME HAS: \_\_\_\_\_ FLAG \_\_\_\_\_ DD214/DISCHARGE

**TASKINGS MUST BE CONFIRMED BY A TELEPHONE CALL FROM THE REQUESTOR.**

**OFFICE HOURS FOR Confirmations of Request 0800-1700**

**We are available 24/7 for Emergency Calls please call +39 334-621-0787. EMAIL this form and DD 214 to**

**usarmy.usag-italy.id-europe.list.casualty@army.mil**

**The DD 214 and the SSN are required before Honors can be coordinated. All requests must be submitted 72hrs in advance.**

**Thank you from the USAG Italy Casualty Assistance and Retirement Service Program Manager**