REQUEST FOR MILITARY FUNERAL HONORS

CASUALTY CASE #:

Date/Time Received:	Received by:

PERSONAL INFORM	OITAN	N **									
Social Security Number	Name (Last, First, Middle, Suffix (Jr., Sr., III, etc))						Rank:	Race:	Sex:		
Date of Birth (YYYY/MM/DD)	Birth City, Birth State Birth Co				ı Cou	ntry					
Status:	Component				Date of Retirement (YYYY/MM/DD)						
Died in Medical Facility/Resid Medical Facility Resident Other							te or Country of Death				
Date/Time of Death (YYYY/MM/I	(DD) Cause of Death			Religion			ceived Religious Ministrations Yes 🔲 No 🔲 Unknown				
NEXT OF KIN INFO	RMAT	'ION **									
Name (Last, First, Middle)			Relationshi	p		Social Security Number					
Address (Street or PO Box, City, State, Zip Code)		Telephone Number									
Date of Birth (YYYY/MM/DD)	Date of Marriage (Y			YYY/MM/DD) Maiden				. Name			
FUNERAL INFORM	ATION				_						
Name of Funeral Home		Address (Street or PO Box, City, State, Zip)									
			Telephone Number:								
POC:			Email:								
Honors Date: (YYYY/MM/DD)			Honors Time:								
Graveside		Ado	dress								
Chapel:		Telephone									
HONORS REQUESTED***											
NO HONORS. REPOR	RT ONLY	(Check Retired Roste	er)								
Flag Presentation		Pallbearers	Firing Squad Officer (If deceased rank is an officer)								
Taps provided by:				Chaplain Denomination:							
Office Use Only:	DCIPS	Report:	Death Certificate:								

Remarks Please Circle:

Urn or Casket

Flag Draped or Flag Pre-folded

^{**} ALL information required for Retiree Report of Death

^{***} Veteran Service: Flag Presentation and TAPS

^{***} Retiree Service: Option of Flag Presentation, Taps, Pallbearers, Firing Detail and Chaplain.