



## FORT STEWART MILITARY FUNERAL HONORS REQUEST FORM

**ALL REQUESTS RECEIVED AFTER 2:00PM WILL BE PROCESSED THE NEXT BUSINESS DAY – no exceptions.**

Military Funeral Honors request must be submitted at least **\*3 working days prior** to the actual internment. This office **cannot** guarantee Military Honors request received by this office with **less than 3 working days-notice**. **\*NOTE: This office is closed on weekends & all Federal Holidays. \*\*NO HONORS WILL BE PROCESSED DURING THE WEEKENDS/HOLIDAYS\*\*.** **FAX THE COMPLETED FORM ALONG WITH A COPY OF THE HONORABLE DISCHARGE TO (912) 767-6289.** Call 1-800-557-7408 for confirmation of receipt of the request during regular business hours. Please check one: **CASKET**  **URN**

DATE SENT	SENT BY:	
NAME OF REQUESTER		PH:

### DECEASED'S INFORMATION

NAME: (Last, First, Middle)		RANK:
SSN:	RACE	STATUS: <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Veteran
PLACE OF BIRTH:	DATE OF BIRTH:	CAUSE OF DEATH:
PLACE OF DEATH: (Hospital,(if known), City, State)		DATE OF DEATH:

### NEXT OF KIN INFORMATION

NAME:	RELATIONSHIP:	PH:
COMPLETE ADDRESS:		

### FUNERAL HOME INFORMATION

NAME:	POC:	PH:
COMPLETE ADDRESS:		
SERVICE DAY:	DATE:	TIME:

### CHURCH / MEMORIAL LOCATION INFORMATION (if applicable)

CHURCH / MEMORIAL LOCATION NAME:		
COMPLETE ADDRESS:		
SERVICE DAY:	DATE:	TIME:

### BURIAL / HONORS LOCATION INFORMATION

LOCATION NAME:		
COMPLETE ADDRESS:		
DAY:	DATE:	TIME:

Honors team report to: \_\_\_\_\_ Request Chaplain: ACTIVE DUTY ONLY – YES / NO  
 (Location) **\*\* NOTE: Retirees – YES /NO - if resources are available)**  
 \* NEED DENOMINATION: \_\_\_\_\_

**\*\*\*\*\* FUNERAL HONORS OFFICE USE ONLY\*\*\*\*\***

Honors Type:	<input type="checkbox"/> Flag Fold/Presentation	<input type="checkbox"/> Firing Detail	<input type="checkbox"/> Bugler	<input type="checkbox"/> Pallbearers
CH Appointed:	_____ / _____		(if resources permit)	
Name		Phone		
Information verified by: _____		Date: _____		