



FORT STEWART MILITARY FUNERAL HONORS REQUEST FORM

ALL REQUESTS RECEIVED AFTER 2:00PM WILL BE PROCESSED THE NEXT BUSINESS DAY – No Exceptions. Will need copy of: (i.e. DD 214, Retirement Certificate, or Retirement I.D. Card)

Request for Military Funeral Honors must be submitted at a minimum of **3 working days** before the scheduled internment. This office **cannot** guarantee Military Honors request received 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**.**

Email request to: usarmy.stewart.usag.mbx.dhr-fsga-mfh@army.mil or FAX THE COMPLETED FORM TO (571) 801-8611. Call (571)801-3537 for confirmation of receipt of the request during regular business hours.

Please check one: CASKET ☐ URN ☐ GRAVESIDE ☐

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:		
FUNERAL HOME'S EMAIL:		

REMARKS:

BURIAL / HONORS LOCATION INFORMATION

LOCATION NAME:		
COMPLETE ADDRESS		
COUNTY:	DATE:	HONORS 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: _____		