

# MCCONNELL AFB HONOR GUARD MILITARY HONORS REQUEST



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For MAFB HG Office Use Only:

S: \_\_\_\_\_

D: \_\_\_\_\_

A: \_\_\_\_\_

Please fax copy of Member's DD Form 214 and/or military documentation, along with completed request form.  
 NOTE: Completion of this form is not an official request for military honors. You must have a verbal confirmation from the McConnell AFB Honor Guard Office.

## Requester's Information

Requester	Funeral Home & Address	
Telephone	Fax	Date of Request

## Next of Kin's Information

Name	Relationship to Deceased
Telephone Number	Address

## Veteran's Information

Last name	First Name	MI.	Rank/Pay Grade	SSN
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## Service Information

Service Date & Time: \_\_\_\_\_ Day of Week: (Please circle)  
 Time of Honors: \_\_\_\_\_ Sun Mon Tues Wed Thurs Fri Sat

Military Status	Type of Funeral	Funeral Venue	Branch of Service	Services Requested	
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Casket	<input type="checkbox"/> Church/ Chapel	<input type="checkbox"/> USAF	<u>Veteran</u>	<u>Retiree</u>
<input type="checkbox"/> Retired	<input type="checkbox"/> Cremation	<input type="checkbox"/> Graveside	<input type="checkbox"/> AAF	<input type="checkbox"/> Flag Fold	<input type="checkbox"/> Flag Fold
<input type="checkbox"/> Veteran			<input type="checkbox"/> AAC	<input type="checkbox"/> TAPS	<input type="checkbox"/> TAPS
			<input type="checkbox"/> Other		<input type="checkbox"/> Firing Party
					<input type="checkbox"/> Pallbearers

Name of Location for Honors	Address	Will any other Veteran organization be present? If yes, please check: <input type="checkbox"/> American Legion <input type="checkbox"/> VFW <input type="checkbox"/> Other: _____
City/ State	County	

Special Instructions or Notes: \_\_\_\_\_

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