

MILITARY FUNERAL HONORS REQUEST
Wyoming Army National Guard
ng.wy.wyarng.list.all-mfh@mail.mil
307-772-5136

Received by: _____

Date/Time request received: _____

Please fill out completely

Please Print clearly or Type

1. **Deceased Information:** Casket _____ Urn _____ Memorial _____

Last, First, Middle Name: _____ Grade/Rank: _____

Social Security Number: _____ - _____ - _____ Retired/AD Army: _____ Army Vet: _____ Other Branch _____

2. **Funeral Director, POC or NOK:** _____ Phone: _____ - _____ - _____

Funeral Director Cell Phone: _____ - _____ - _____ Name of Funeral Home: _____

Requester's Email: _____

(Proof of military service; DD214, NGB22, etc. required prior to honors)

3. **NEXT of KIN INFORMATION:** (Next of Kin, who will be presented the flag)

Name: _____ Relationship to Deceased: _____ Zip Code: _____

Address: _____ City: _____ State: _____

4. **Military Funeral Honors (MFH) Information:** Mark with an X - give time of MFH only

Funeral Home: _____ Church: _____ Cemetery: _____ Other: _____

Day and Date of Honors: _____ ; _____ / _____ / _____ Time: _____
DAY DD MMM YYYY

Honors Location: _____ City of : _____ Zip Code: _____

NOTES: _____

5. **Special instructions: (Honors Team Use Only)**

Army Chaplain Requested: _____ Yes _____ No Chaplain Religious Preference: Prot./Cath./Other: _____

Pall Bearers: _____ Yes _____ No Rifle Detail: _____ Yes _____ No Live Bugler: _____ Yes _____ No

6. Confirmed by: _____ DATE/Time : _____ Confirmed with: _____

NOTES: _____

Office Use only:

Assigned to:

Date:

Time:
