

Connecticut Air National Guard
Department of the Air Force
Military Funeral Honors

Office Phone: (860)292-2438

Cell Phone: (860)883-3331

Fax: (860)292-2340

Request for Military Honors

(A minimum of 48 hours notice is required for all Military Services)

PLEASE FAX ALL REQUESTS TO (860)292-2340

PLEASE PRINT LEGIBLY

Name of Deceased:
(First, MI, Last)

Date of Death

SSN:

Grade/Rank:

Branch of Service:

☐ Army Air Corps/AAF

☐ Air Force

Honors Requested:

☐ Flag Fold ☐ Bugler

☐ Firing Party

Where would Military
Honors be Rendered

☐ Cemetery ☐ Church

☐ Funeral Home

Church Date/Time:

@

Burial Date/Time:

@

☐ Casket

☐ Cremation

Location of Military
Service:

Sec/Plot:

Service Address:

Funeral Home POC:

Phone:

Funeral Home Name:

Funeral Home Address:

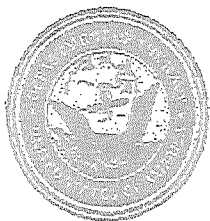
Next of Kin Name:

Relation:

**PLEASE INCLUDE A COPY OF THE DISCHARGE PAPERWORK
PAPERWORK MUST SHOW TIME IN SERVICE AND RANK**

WE DO NOT PROVIDE FLAGS

Updated 15 May 2013


FAX TO: 860-694-3699
U.S. NAVY FUNERAL HONORS REQUEST FORM

For: CT, ME, MA, NH, NJ, NY, RI, VT, & CANADA, Call (800) 856-7091, Fax (860) 694-3699

Please allow 48 hours advance notice

DD 214 OR DISCHARGE CERTIFICATE MUST ACCOMPANY THIS REQUEST

DAY, DATE, AND TIME OF INTERMENT / MEMORIAL: NOTE: Honor Guard reports 45 minutes prior		TYPE OF SERVICE: <input type="checkbox"/> URN <input type="checkbox"/> CASKET <input type="checkbox"/> OTHER (i.e. memorial service)	
LAST NAME, FIRST, MIDDLE:		SERVICE: <input type="checkbox"/> USN <input type="checkbox"/> USMM	STATUS: <input type="checkbox"/> VET <input type="checkbox"/> RET <input type="checkbox"/> AD
SSN:	RATE / RANK:	DATE OF DEATH:	
WHERE WOULD YOU LIKE THE HONORS TO BE RENDERED? <input type="checkbox"/> CEMETERY <input type="checkbox"/> CHAPEL <input type="checkbox"/> FUNERAL HOME <input type="checkbox"/> OTHER (Specify)			
LOCATION NAME:		PHONE:	
ADDRESS:		COUNTY:	
CITY:		STATE:	ZIP:
NEXT OF KIN INFORMATION			
NAME OF PERSON TO RECEIVE FLAG:		RELATION TO DECEASED:	
ADDRESS:		PHONE:	
CITY:		STATE:	ZIP:
MORTUARY / FUNERAL HOME INFORMATION			
FUNERAL HOME NAME:		FUNERAL DIRECTOR/POINT OF CONTACT:	
ADDRESS:		PHONE:	CELL PHONE:
CITY:		STATE:	ZIP:
WILL FUNERAL HOME PROVIDE FLAG? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain)		COMMENTS:	
FUNERAL HONORS OFFICE INFORMATION ** (For Funeral Honors Office Use Only) **			
COMMAND ASSIGNED:		POINT OF CONTACT:	REFERRED / FAX TIME DATE:
ARMORY POC DATE/TIME:	<input type="checkbox"/> RAO <input type="checkbox"/> RIFLE DETAIL <input type="checkbox"/> FLAG PRESENTATION <input type="checkbox"/> PALL BEARER <input type="checkbox"/> TAPS <input type="checkbox"/> CHAPLAIN		
DATE/TIME CONFIRMED:	CONFIRMED BY:	FUNERAL HOME POC:	REGION POC:
		CALENDAR:	ITRACKER CONF:

ASSIGNED COMMAND MUST CONFIRM WITH FUNERAL HOME AND NAVY REGION MID-ATLANTIC

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