

MILITARY FUNERAL HONORS REQUEST

US ARMY PERSONNEL (Honorably Discharged)

Alaska Casualty Assistance Center, Joint Base Elmendorf-Richardson, Alaska

Fax: (907) 384-1987 Office: (907) 384-3348/3811

1. **Funeral Director:** _____ Phone: _____ Fax: _____

Name/address of funeral home: _____

2. **Deceased service member information:** (Please mark response where applicable)

Full name: _____ **highest rank held:** _____

SSN: _____ **Army Retiree:** ____ **Army Vet:** ____ **From:** _____ **To:** _____

Honorable discharge document attached (DD Form 214, NGB Form 22 or Certificate): _____

Date of death: _____

3. Next of kin (NOK) to whom the flag will be presented during the honors ceremony:

Name: _____ **Relationship:** _____ **Phone:** _____

Mailing address: _____

4. **Military Funeral Honors Ceremony location:** Funeral Home: ____ Church: ____ Cemetery: ____

Other: _____

Date/Time of Military Funeral Honors Ceremony: _____ / _____
(Date) (Time)

How is the Veteran being interred: Casket: ____ Cremation: ____

Chaplain Requested (Denomination): _____

Report Location for Honors Team: _____

Complete Address: _____

Directions, if necessary: _____

DO YOU HAVE AN INTERMENT FLAG AVAILABLE? Yes: ____ No: ____

If a flag is not available, you as the funeral director, or next-of-kin, must obtain a US interment flag from the local VA Office or Post Office.

5. Military Honors: A minimum of a two-soldier team will fold and present the flag and sound Taps.

****PLEASE ALLOW A MINIMUM OF 48 HOURS NOTICE IF POSSIBLE****

FAX THIS FORM TO: (907) 384-1987