

**Mail or Fax completed form to:**

**Honor Guard,  
Alaska Army National Guard  
P.O. Box 5800  
Fort Richardson, AK 99505-5800**

**Fax: (907) 428-6685**

**Please include cover sheet on all faxes.**

**USAR/NG Mission Number:**  
**CAC Case Number:**

*For Office Use ONLY*

**MEMORANDUM FOR WAARNG Honor Guard Program**

**SUBJECT:** Request for Military Funeral Honors

**I. DECEASED INFORMATION:**

- 1. **Name** *(Last, First, MI, Sfx):* \_\_\_\_\_
- 2. **Rank:** \_\_\_\_\_
- 3. **SSN:** \_\_\_\_\_
- 4. **Status:** \_\_\_\_\_
- 5. **Component:** \_\_\_\_\_

**II. FUNERAL INFORMATION:**

- 1. **Name of Funeral Home:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_
- Name of Funeral Director:** \_\_\_\_\_
- Telephone:** \_\_\_\_\_
- 2. **Date and Time of Funeral:** \_\_\_\_\_
- 3. **Location of Service:** \_\_\_\_\_  
\_\_\_\_\_
- 4. **Person to receive Flag/Relationship:** \_\_\_\_\_  
**PNOK Mailing Address (Navy Only):** \_\_\_\_\_  
\_\_\_\_\_
- DOB/DOD (Navy Only):** \_\_\_\_\_
- 5. **Remains:**       Casketed       Cremains       No Remains
- 6. **Honors Requested:**  
 Flag fold       Firing Detail       Pallbearers  
 Taps provided by:       Officer (If deceased is an officer)
- 7. **REMARKS:**  
\_\_\_\_\_  
\_\_\_\_\_  
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