

FORT HOOD MILITARY FUNERAL HONORS REQUEST FORM (U.S. ARMY ONLY)

EFFECTIVE 2017MAY11



Operation Hours: (Monday - Friday) 07:30 AM - 4:30 PM
(Closed on Weekends & Federal Holidays)

- (1) All Funeral Honors request must be received by this office 48 operation hours prior to the date of scheduled service.
- (2) Fax this form and the Member 4 copy of the DD Form 214 or Statement of Honorable Discharge to (254) 288-5620.

Fort Hood Funeral Honors Area Representatives: Mr. Jones/Mrs. Benjamin

Request Form was faxed on
Date: _____
Time: _____

***** PLEASE CALL 254-287-7200 / 6968 TO VERIFY THAT THE FAXED WAS RECEIVED *****

Military Honors to be rendered: Date: _____ Time: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>	URN <input type="checkbox"/>	CASKET <input type="checkbox"/>	OTHER (i.e. memorial Svc) <input type="checkbox"/>	<i>NOTE: Remains of deceased must be present or proof that the deceased body was donated to science</i>
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Name of Deceased: (Last, First Middle)	Rank	Br. of SVC	Status	Eligibility Verified <input type="checkbox"/> YES (DD Form 214 Rec'd)
SSN: _____	Date of Birth: _____	Date of Death: _____	Time of Death: _____ AM <input type="checkbox"/> (Retiree Only) PM <input type="checkbox"/>	Place of Death (City, State) (Retiree Only)

LOCATION OF MILITARY HONORS

CEMETERY
 CHAPEL
 FUNERAL HOME
 OTHER (Specify in remarks)

Name of Place:	Contact Name:
Address:	Phone:
County:	City/State/Zip Code:

NEXT OF KIN INFORMATION

Person to received flag:	Relationship to Deceased:
Address:	Point of Contact:
County:	City/State/Zip Code: Phone:

MORTUARY/FUNERAL HOME INFORMATION (If Applicable)

Name of Funeral Home:	Name of Funeral Director:
Address:	County: Phone:
City/State/Zip Code:	Verified funeral home has flag: <input type="checkbox"/> YES <input type="checkbox"/> NO

CHAPLAIN INFORMATION (For Retired and Active Duty Decedents Only)

Chaplain Desired: Yes <input type="checkbox"/> No <input type="checkbox"/>	Protestant <input type="checkbox"/>	Catholic <input type="checkbox"/>	Other <input type="checkbox"/>	Chapel Service:	Time of SVC: AM <input type="checkbox"/> PM <input type="checkbox"/>
Specify other: _____					

FUNERAL DETAIL INFORMATION (DO NOT WRITE BELOW: For Funeral Honors Office Use Only)

Full Detail <input type="checkbox"/> (For Retired and Active Duty Decedents ONLY)	Flag Presentation <input type="checkbox"/>	Live Bugler <input type="checkbox"/> (For Active Duty Decedents ONLY)	Electronic Device <input type="checkbox"/>
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REMARKS:

***** NOTE *****

Request must be received **NO LATER THAN** 48 operation hours prior to the scheduled service/interment date