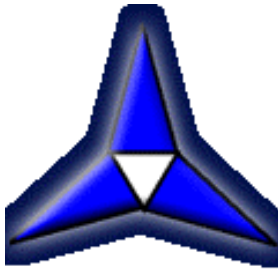


MILITARY FUNERAL HONORS FORT HOOD, TX REQUEST FORM



Date /Time of Request:	Time:
Date of Form: 08 FEB 2013	
Fort Hood Funeral Honors Area Rep: Edward B. McCray, Jr.	
Phone: (254) 287-7200/6968	Fax: (254) 288-5620
Air Force Honors: Dyes AFB Honor Guard Phone: (325) 696-5532	
DFW National Cemetery: Phone: (325) 696-1597 Fax (325) 696-5707	
REQUESTS MUST BE RECEIVED NLT 48 or 72 HRS PRIOR TO SERVICE DATE IAW SOP & location (tfda.com) dtd April 2013	

FUNERAL INFO: Date/Time Honors desired :	<i>URN</i> <input type="checkbox"/>	<i>CASKET</i> <input type="checkbox"/>	<i>OTHER (I.e. memorial Svc)</i> <input type="checkbox"/>
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Name of Deceased : (Last, First Middle)	Rate/Rank	Br. of Service	Status	Yrs in Svc:
SSN :	Date Of Birth :	Date of Death :	Eligibility Verified <input type="checkbox"/> YES (DD214 Rec'd)	

LOCATION OF FUNERAL OR SERVICE

CEMETERY
 CHAPEL
 FUNERAL HOME
 OTHER (Specify in remarks)

Place:	Phone:
Address:	
City/State/Zip Code:	

NEXT OF KIN INFORMATION

Person to received flag:	Relationship to Deceased:
Address:	POC:
City/State/Zip Code:	Phone:

MORTUARY/ FUNERAL HOME INFORMATION

Name:	POC:
Address:	Phone:
City/State/Zip Code:	Verified mortuary has flag <input type="checkbox"/> YES

CHAPLAIN INFORMATION (For Retired 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: NO	Time:
Specify other:							
Chaplain assigned:			Time / Date assigned:		Spoke to:		

FUNERAL DETAIL INFORMATION (For Funeral Honors Office Use Only)

Command:	Given to:	Time/Date:
Faxed Time/date	Full Detail <input type="checkbox"/>	Flag Presentation <input type="checkbox"/>
	Live Bugler <input type="checkbox"/>	Tape / CD <input type="checkbox"/>
		Other <input type="checkbox"/>

REMARKS: