

## **KEESLER AFB MILITARY HONORS REQUEST**

Phone: (228) 377-1986 Fax: (228) 377-1987 Email: <a href="mailto:keesler.honorguard@us.af.mil">keesler.honorguard@us.af.mil</a> If service is within 24 hrs, please call <a href="mailto:After Hours line at (228) 424-3372">After Hours line at (228) 424-3372</a> for immediate assistance.



## FUNERAL HOME (FH)/REQUESTER INFORMATION: REQUESTED BY: \_\_\_\_\_ EMAIL:\_\_\_\_ FH NAME: ADDRESS: \_\_\_\_\_ ST: ZIP: PHONE# **DECEASED INFORMATION:** MILITARY STATUS: (circle one) RETIRED (>20 yrs) VETERAN (<20 yrs) ACTIVE DUTY SSN: \_\_\_\_GRADE: \_\_\_\_ NAME: \_\_\_\_\_\_ Last First REMAINS: (circle one) CASKET (Est. weight: lbs.) OTHER URN **NEXT OF KIN INFORMATION:** NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_ CITY: \_\_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_ RELATIONSHIP: **MILITARY HONORS LOCATION INFORMATION:** DATE: \_\_\_\_\_\_ FUNERAL TIME: \_\_\_\_\_ MILITARY HONORS TIME: \_\_\_\_\_ LOCATION NAME: (circle one) FUNERAL HOME CHURCH GRAVESIDE OTHER ST: ZIP: BURIAL COUNTY: \_\_\_\_\_ MOCK-UP: (circle one) VAULT-LID STANDARD MAUSOLEUM OTHER Is a Chaplain needed? YES NO If yes, please provide the religious preference: \*\*\*\*\*IMPORTANT NOTICE\*\*\*\* NOTE: Has the deceased member committed a Federal/State capital crime and the conviction is final? Yes ( ) No ( ) Was the deceased member discharged from the military under less than "Honorable" conditions? Yes ( ) No ( ) -----If *yes* to either, they are not entitled to Military Honors.----A copy of DD Form 214, WD AGO Form 100, or any applicable paperwork, must accompany this request. Retiree honors consist of a 2-person flag fold, the playing of Taps using a ceremonial bugle and flag presentation to the Next of Kin. If resources are available at time of interment up to a 7-person team may be provided. Veteran honors consist of a 2-person flag fold, the playing of Taps using a ceremonial bugle and flag presentation to the Next of Kin. Keesler Honor Guard members will arrive no later than <u>1 Hour</u> prior to scheduled interment time and will remain in place no later than 1 **Hour** after scheduled interment time, if team has zero contact with requester(s). Due to the volume of requests honors will always be performed FIRST. Please call for any deviations. THE FAMILY HAS BEEN BRIEFED ON THE TYPE OF MILITARY HONORS THEIR LOVED ONE IS ELIGIBLE TO RECEIVE. THEY UNDERSTAND THE ELIGIBILITY CRITERIA AND RENDER THE FOLLOWING DECISION: Family concurs with the eligibility criteria that the loved one is authorized and the family desires to have the above honors so rendered. The family wishes to downgrade or limit the honors rendered to . DATE: **FUNERAL DIRECTOR SIGNATURE:**

"Representing every member, past and present"