

## Connecticut Army National Guard Military Funeral Honors Office

64 Field St. Waterbury, CT 06702

Office: 203-568-1741, 24 HR Duty Cell Phone: 860-883-6778

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### U.S. Army Military Funeral Honors Request

Email Honors requests no later than 48 hours before Honors. Do not send in requests more than two weeks before mission. ***Send in request even if discharge paperwork is not on hand!*** Discharge is required prior to actual mission. During office hours, expect a confirmation call within four hours. If no call received, call the office or duty cell phone. Call the duty cell phone for any Emergency Requests. (less than 48 hours before Honors)

DAY					
<input type="checkbox"/> Monday		<input type="checkbox"/> Tuesday		<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday		<input type="checkbox"/> Friday		<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday					
Month	Date	Year	<b>EXPECTED TIME OF FUNERAL HONORS</b>		<b>TIME OF CHURCH/ MEMORIAL SERVICE</b>
			: AM <input type="checkbox"/> / PM <input type="checkbox"/>		AM <input type="checkbox"/> / PM <input type="checkbox"/>
<b>REQUESTED HONORS:</b>			<b>IN POSSESSION OF INTERMENT FLAG? (9.5'X5')</b>		
<input type="checkbox"/> FLAG PRESENTATION <input type="checkbox"/> TAPS <input type="checkbox"/> RIFLE SQUAD			<input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST NAME, FIRST, MIDDLE:			REMAINS:		
			<input type="checkbox"/> CASKET <input type="checkbox"/> URN <input type="checkbox"/> OTHER (i.e., memorial service)		
SSN: No dashes. Example: 123456789			DATE OF DEATH:		
<b>TYPE OF LOCATION FOR HONORS</b>					
<input type="checkbox"/> CEMETERY <input type="checkbox"/> CHAPEL <input type="checkbox"/> FUNERAL HOME <input type="checkbox"/> OTHER (Specify)					
LOCATION NAME:				COUNTY:	
ADDRESS (MUST INCLUDE NUMBER):				PLOT NUMBER (IF KNOWN):	
CITY:			STATE:		ZIP:
<b>NEXT OF KIN INFORMATION</b>					
NAME OF PERSON RECEIVING FLAG:				RELATION TO DECEASED:	
<b>FUNERAL HOME OR FAMILY REQUESTOR INFORMATION</b>					
NAME:			POINT OF CONTACT FOR CONFIRMATION:		
ADDRESS:			PHONE:		CELL PHONE:
CITY:		STATE:	ZIP:	COMMENTS:	