



TEAM KIRTLAND HONOR MILITARY FUNERAL HONORS REQUEST

Building 1010, 4600 Randolph Ave, Kirtland AFB, NM 87117 **Office:** (505) 846-1804
Emergency After-Hours: Honor Guard Cell Phone (505) 238-6648 **Fax:** (505) 853-2639



Office Hours: Monday – Friday, 0730-1530

NCOIC: TSgt Paul Witt (paul.witt.1@us.af.mil)

Instructions:

1. Complete all of the below requested information.
2. E-mail this document to 377FSS.FRZH.HonorGuard@us.af.mil or Fax to (505) 853-2639 along with a copy of the deceased's DD Form 214 or other document to validate honorable service.
3. Please call the Honor Guard office to confirm receipt if you have not received confirmation within 48 hours of request submission.
4. Please contact the Honor Guard ASAP if the service is within the next 24 hours.
5. Please contact the Honor Guard via telephone or e-mail as soon as possible with any updates or changes.

Funeral Honors Request Information			
Requestor Information			
1. Funeral Home Name	2. Funeral Director/Requestor Name	3. Phone Number	4. Today's Date
5. E-mail Address	6. Address (Street, City, State, Zip Code)		
Deceased Information			
7. Service Branch <input type="checkbox"/> Air Force (including Guard & Reserve) <input type="checkbox"/> Army Air Corps			
8. Name (First M. Last)	9. Rank or Pay Grade	10. Social Security Number	
11. Military Status: (Select One)		Services Requested: (available options on same row as selected military)	
<input type="checkbox"/> Veteran: (<19 years of service)		<input type="checkbox"/> Flag Fold <input type="checkbox"/> Bugler/Taps	
<input type="checkbox"/> Retiree: (>20 years of service or medically retired)		<input type="checkbox"/> Flag Fold <input type="checkbox"/> Bugler/Taps <input type="checkbox"/> Firing Party <input type="checkbox"/> Pallbearers	
<input type="checkbox"/> Active Duty:		<input type="checkbox"/> Full Military Funeral Honors (Flag Fold, Bugler/Taps, Firing Party, Pallbearers) <input type="checkbox"/> Colors <input type="checkbox"/> Chaplain	
Next of Kin Information			
12. Name (First M. Last)		13. Phone Number	
14. Relationship to Deceased <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Caretaker <input type="checkbox"/> Other:			
Funeral Honors Location Information			
15. Location Name	16. Point of Contact	17. Phone Number	
18. Location Address (Street, City, State, Zip Code)		19. Location Type <input type="checkbox"/> Santa Fe National Cemetery <input type="checkbox"/> Private Cemetery <input type="checkbox"/> Funeral Home Chapel <input type="checkbox"/> Church <input type="checkbox"/> Other:	
20. Date of Death	21. Date of Service	22. Time of Military Funeral Honors	
23. Remains: <input type="checkbox"/> Casket <input type="checkbox"/> Urn <input type="checkbox"/> No Casket/Urn <input type="checkbox"/> Other:			Casket Weight:

The Team Kirtland Honor Guard **does not** supply the U.S. Flag. Application for the U.S. Flag for burial purposes can be found at the following link: <http://www.vba.va.gov/pubs/forms/VBA-27-2008-ARE.pdf> You may also obtain a U.S. Flag at any VA regional office or U.S. Post Office.

INTERNAL USE ONLY (TEAM KIRTLAND HONOR GUARD ADMIN)					
SHOW TIME [ST] (DT -30 mins)	Received By	TAPS Entry	Confirmed	Database Entry	Reviewed By
Departure Time [DT] (travel time +60 mins)	Name:	Name:	<input type="checkbox"/> Email	Name:	Name:
Arrival Time [AT] (CT -60 mins)	Date:	Date:	<input type="checkbox"/> Phone	Date:	Date:
Ceremony Time [CT]	Time:		By:		

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