

## TEAM KIRTLAND HONOR MILITARY FUNERAL HONORS REQUEST

Building 1010, 4600 Randolph Ave, Kirtland AFB, NM 87117 Office: (505) 846-1804



Fax: (505) 853-2639

Instructions:

## Office Hours: Monday – Friday, 0800-1530

Base Honor Guard Program Manager: TSgt Marcus Walker

**Emergency After-Hours: Honor Guard 24HR CELL (505) 870-3030** 

- 1. Complete all of the below requested information.
- 2. E-mail this document to <u>377FSS.FRZH.HonorGuard@us.af.mil AND</u> marcus.walker.8@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 do your best to submit request **72 hours in advance** and 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, using the emergency after-hours number.

5. Please contact the Honor Guard via telephone or e-mail as soon as possible with any undates or changes Funeral Honors Request Information

Functal Honors Request mior mation									
Requestor Information									
1. Funeral Home Name	2. Funeral Director/	2. Funeral Director/Requestor Name		4. Today's Date					
5	( A 11	$\mathbf{T}_{\mathbf{r}}^{\mathbf{r}} = \mathbf{C}_{\mathbf{r}} \mathbf{T}_{\mathbf{r}}^{\mathbf{r}} \mathbf{C}_{\mathbf{r}} \mathbf{T}_{\mathbf{r}}^{\mathbf{r}}$							
5. E-mail Address	6. Address (Street, C	6. Address (Street, City, State, Zip Code)							
Deceased Information									
7. Service Branch									
8. Name (First M. Last)	9. Rank or Pay Grad	9. Rank or Pay Grade		10. Social Security Number					
11. Military Status: (Select One) Services Requested: (available options on same row as selected military)									
□ Veteran: (<19 years of service) □ Flag Fold □ Bugler/Taps									
□ Retiree: (>20 years of service or medically retired) □ Flag Fold □ Bugler/Taps □ Firing Party □ Pallbearers									
□ Active Duty: □ Full Military Funeral Honors (Flag Fold, Bugler/Taps, Firing Party, Pallbearers) □Colors □Chaplain									
Next of Kin Information									
12. Name (First M. Last)		13. Phone Number							
14. Relationship to Deceased									
$\Box Spouse \Box Son \Box Daughter \Box Father \Box Mother \Box Brother \Box Sister \Box Uncle \Box Aunt \Box Caretaker \Box Other:$									
Funeral Honors Location Information									
15. Location Name	16. Point of Contact		17. Phon	e Number					
18. Location Address (Street, City, State, Zip Code)		19. Location Type							
□Santa Fe National Cemetery □Private Cemetery				Cemetery					
		$\Box$ Funeral Home Chapel $\Box$ Church $\Box$ Other:							
20. Date of Death	21. Date of Service	22.	Time of Military Funer	al Honors					
23 Remains: Casket Ulrn No	Casket/Urn Other		Casket Weight						

The Team Kirtland Honor Guard <u>does not</u> supply the U.S. Flag. Application for the U.S. Flag for burial purposes can be found at the following link: <u>http://www.vba.va.gov/pubs/forms/VBA-27-2008-ARE.pdf</u> 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:	🗆 Email	Name:	Name:			
Arrival Time [AT] (CT -60 mins)	Date:	Date:	□ Phone	Date:	Date:			
Ceremony Time [CT]	Time:		By:					

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