

Military Funeral Honors Request

* A MINIMUM OF 48 HOURS
NOTICE IS REQUIRED **

Massachusetts Army National Guard - Honor Guard

Email: ng.ma.maarng.mbx.honor-guard-ma@mail.mil

MA Honor Guard Coordinator Work: 339-202-3177, Work Cell: 774-286-1915, 24 Hrs a day

Please fill out completely. Use the fillable form or print clearly

1. FUNERAL DIRECTOR/ POC or NOK : _____ Phone: _____ - _____ - _____

Funeral Director Cell Phone: _____ - _____ - _____

Name of Funeral Home: _____

Address: _____ Zip: _____

Funeral Home Email Address: _____

2. DECEASED INFORMATION: CASKET: ____ URN: ____

Last, First, Middle Initial: _____ Rank: _____

SSN: _____ - _____ - _____ Retired Army: ____ Army Vet: ____ Other Branch: _____

Date of Birth _____ Religion: _____ VSO Name: _____

3. NEXT OF KIN INFORMATION: (To whom will the flag be presented.)

Name: _____ Relationship: _____ Phone: _____

Address: _____

4. SERVICE LOCATION: Mark one with an "X"

Please be accurate with locations of the service and the time honors are expected to be rendered. If times change prior to the service or are delayed on the day of the service please contact us immediately.

Funeral Home: ____ Church: ____ Cemetery: ____ Other: _____

Day & Date you are requesting the Honor Guard: _____ - _____ - _____

Time of Church Service: _____ Time of Interment: _____

Church or Cemetery Name and Address: _____

City: _____ Church or Cemetery Phone # _____

HONORS TO BE PRESENTED: Playing of Taps, Flag Folding and Flag Presentation.

Do you have an interment Flag Available? Yes ____ No ____

Funeral Director must obtain a US Internment Flag from local VA Office or US Post Office.

Please email this form and copy of DD-214

FOR OFFICIAL USE ONLY

1. Rec. Date: _____ **Time:** _____ **Region:** ____ **Type Honors:** _____

2. Confirmation Date: _____ **Time:** _____ **POC:** _____

3. Spreadsheet Entry Date: _____ **Input by:** _____ **Time:** _____

4. MFH Database Number: _____ **Input by:** _____ **Time:** _____