

**Military Funeral Honors Request
Massachusetts Army National Guard - Honor Guard**

Please fill out completely. Use the fillable form or print clearly.
Funeral Director must obtain a US Internment Flag from local VA Office or US Post Office.

State MFH Coordinator's Hours of Operation
Monday through Friday 9am to 5pm
Saturday 8am to 12pm
Sunday 9am to 12pm

Please email this form and copy of DD-214 to
ng.ma.maarnq.mbx.honor-guard-ma@army.mil and dana.l.mcquaid.ctr@army.mil

FUNERAL DIRECTOR/ POC or NOK: _____

Phone: _____ Funeral Director Cell Phone: _____

Name of Funeral Home: _____

Address: _____ Zip: _____

Funeral Home Email Address: _____

• **DECEASED INFORMATION:**

CASKET: _____ URN: _____

Last, First, Middle Initial: _____ Rank: _____

SSN: _____ Date of Birth: _____ Date of Death: _____

Retired Army: _____ Army Vet: _____ Other Branch: _____

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

Name: _____ Relationship: _____

Phone: _____

Address: _____

4. SERVICE LOCATION:

Please be accurate with locations of the service and the time honors are expected to be rendered.

**If there are changes prior to the service or
you are delayed on the day of the service please contact us immediately at 774-286-1915.**

Acknowledge initial _____

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

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

Request information for the Honor Guard- Day: _____ Date(DD-MM-YYYY): _____

Time of Church Service: _____ Time of Interment: _____

Place of Honors (name): _____

Address: _____

Phone: _____

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