



# TINKER AFB HONOR GUARD MILITARY HONORS REQUEST FORM (PLEASE PRINT CLEARLY)



REQUEST FOR FUNERAL HONORS FOR DECEASED USAF PERSONNEL							
Next-of-kin Requests (check all that apply for the appropriate honors)							
Please adhere to the following when requesting honors:							
<ul style="list-style-type: none"> <li>➤ Contact the Honor Guard office by phone <b>before</b> transmitting paperwork by fax.</li> <li>➤ Provide <b>detailed</b> instructions to the Cemetery, Chapel or Funeral location.</li> <li>➤ Provide a copy of the deceased's DD 214 or military ID card. (honors cannot be provided without proof of military service)</li> <li>➤ Provide any information deemed appropriate or unusual.</li> </ul>							
Veteran Honors: Flag Fold <input type="checkbox"/> Taps <input type="checkbox"/>							
Retiree Honors: Flag Fold <input type="checkbox"/> Taps <input type="checkbox"/> Firing Party <input type="checkbox"/> Pallbearing <input type="checkbox"/> If Pallbearing, Weight (including casket): _____ lbs.							
Would the family like a Military Chaplain? Yes <input type="checkbox"/> No <input type="checkbox"/> (For a military Chaplain please contact the Chaplains office at (405) 734-2111.)							
Honors to be performed: Chapel <input type="checkbox"/> or Graveside <input type="checkbox"/>							
Was the member cremated? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Has the internment flag been acquired? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please note: 5' x 9.5' flags are provided by funeral service or local post office)							
DECEASED INFORMATION							
Name (Last, First, MI)		Religious Preference (only if requesting a military Chaplain)		Rank			
Social Security Number	US Air Force or Army Air Corps Component						
	Regular AF <input type="checkbox"/>	AF Reserve <input type="checkbox"/>	Air National Guard <input type="checkbox"/>	Army Air Corps <input type="checkbox"/>			
NEXT OF KIN INFORMATION							
Name (Last, First, MI)		Phone Number (include area code)		Relationship to Deceased			
Address		City		Spouse <input type="checkbox"/>			
				Son <input type="checkbox"/>			
City		State		Zip Code		Daughter <input type="checkbox"/>	
						Other <input type="checkbox"/> _____	
FUNERAL HOME INFORMATION							
Funeral Home Name		Funeral Director Name		Phone Number	Fax Number		
Address		City		State	Zip Code		
FUNERAL SERVICE INFORMATION							
If same as Funeral Home Information, leave blank.							
Location Name		Point of Contact		Phone Number			
Location Address		City		State	Zip Code		
BURIAL/INTERMENT INFORMATION							
Cemetery Name		Point of Contact		Phone Number			
Cemetery Address		City		State	Zip Code		
Funeral Day & Date (ddd dd MMM yy)		Funeral Service Time am pm	Cemetery Service Time am pm	Note: If requesting pall bearing service, casket must be placed with feet facing front of hearse and union of interment flag draped over left shoulder of casket.			
Please include any other important information:							
For Tinker Honor Guard Office Staff Use Only							
Confirmed w/(funeral home staff):		Date:		Time:		Office Staff (init):	

HG MHR Form 1 (Oct 2009)

\* All previous editions of this form are invalid \*

### Tinker AFB Honor Guard Contact Information

Address: 72 FSS/FSVH  
6120 Arnold Street  
Tinker AFB, OK 73145-8101

Office (24 Hour): (405) 706-5689  
Fax: (405) 734-6434

