



BEALE AIR FORCE BASE HONOR GUARD

9 FSS / Honor Guard
6101 B. Street
Beale AFB, CA 95903
Ph # 530-634-3346
Fx # 530-634-2279

MILITARY FUNERAL HONORS REQUEST FORM

9RW.beale.honorguard@us.af.mil

Please FAX requests along with the military member's DD Form 214 to 530-634-2279

PART ONE: Funeral Home Information

Name of Funeral Home: _____
Funeral Home Director in charge of service: _____ Email _____
Address: _____
Phone #: (____) _____ Cell #: (____) _____ Fax #: (____) _____

PART TWO: Deceased Veteran Information

Name of Deceased Veteran: _____
Branch of Service (Circle One) : (U.S. Air Force) (Army Air Corps) Other: _____
Social Security #: _____ Retired from Military Service (20+ Years in active service) (YES) (NO)
Rank: _____ Who will the flag be presented to? _____
Relationship to Veteran: _____ Next of Kin-Address _____
Next of Kin-Phone: (____) _____

PART THREE: Type of Honors Requested by the Family

*ACCORDING TO AF INSTRUCTION HONOR GUARD ONLY REQUIRES A MIN OF 2 GUARDSMEN PER FUNERAL AND DOES NOT SUPPLY FLAGS

Type of service to be provided (Circle One): (Casket) (Cremation/Urn) (Memorial Service)
Weight of casket & remains _____ Weight of Urn _____

Honors requested (check boxes that apply):

Veteran	Retired Only	Active Duty
<input type="checkbox"/> Flag Fold (2 man flag fold team)	<input type="checkbox"/> Flag Fold (6 man flag fold team)	<input type="checkbox"/> Flag Fold (6 man flag fold team)
<input type="checkbox"/> Bugler	<input type="checkbox"/> Bugler	<input type="checkbox"/> Bugler
	<input type="checkbox"/> Body Bearers (6 man team)	<input type="checkbox"/> Body Bearers (6 man team)
	<input type="checkbox"/> Firing Party (3 man firing team)	<input type="checkbox"/> Firing Party (7 man firing team)
		<input type="checkbox"/> Color Guard (4 man color team)
		<input type="checkbox"/> Chaplin

PART FOUR: Funeral Honors Location

Date of Funeral: _____ Time: _____ Location Name: _____
Location Type (Circle One): (Gov Cemetery) (Private Cemetery) (Church) (Funeral Home) Other: _____
Address where Honors will be presented: _____

Additional Directions to ceremony location: _____

Indicate any other special requests: _____

The funeral director should email or fax this information as soon as possible to the above contact numbers. If you do not hear from us within 24 hours, or in a case of a short notification, confirm the coordination with us.

<http://www.bealefss.com/honor-guard>