

AFTER ACTION REPORT - FUNERAL DETAIL For use of this form, see USAARMC Reg 210-6		NAME OF DECEASED	DATE 2 May 2007
TO:		FROM:	
1. FOR THE PURPOSE OF CONDUCTING A MILITARY FUNERAL, A DETAIL REPORTED AS INDICATED BELOW:			
A. NAME OF UNIT FURNISHING DETAIL		B. DETAIL WAS COMPOSED OF <input type="checkbox"/> Pallbearers <input type="checkbox"/> Firing Squad <input type="checkbox"/> Buglar <input type="checkbox"/> Chaplain	
C. DATE	D. TIME	E. REPORTED TO (Name)	F. LOCATION
2. OVERALL APPEARANCE OF TROOPS. <input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
3. PERFORMANCE OF DETAIL AT CHAPEL AND BURIAL SITE.			
A. SIZING AND DRESS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
B. MANUAL OF ARMS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
C. MARCHING	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
D. UNIFORMITY	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
E. TIMING	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
F. CORRECT PROCEDURE	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
G. LEVEL CASKET	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
H. POSITION	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
I. SIMULTANEOUS FIRING	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
J. FLAG FOLDING	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
4. PUNCTUALITY OF DETAIL:			
A. FUNERAL SITE:		B. BURIAL SITE:	
5. THE FOLLOWING PROBLEMS WERE ENCOUNTERED <i>(Specify and explain.) (Continue on reverse side if necessary.)</i>			
6. SIGNIFICANT COMMENTS OR REMARKS OF THE CASUALTY ASSISTANCE OFFICER, FUNERAL DIRECTOR, OR NEXT OF KIN.			
7. RECOMMENDATIONS FOR IMPROVEMENT <i>(Continue on reverse side if necessary.)</i>			
<input type="checkbox"/> CHECKLIST ATTACHED	TYPED NAME AND GRADE OF CAO		SIGNATURE

CONTINUATION: (Key to Item No. on previous page)