

NEW HAMPSHIRE
REQUEST FOR MILITARY FORCES HONOR GUARD BURIAL

(Prescribing Directive is NHNG Military Funeral Honors SOP)

Section 1 – General Information

Funeral Home: _____ Address: _____

Funeral Home Point of Contact: _____ Phone#: _____

Fax#: _____ Cell#: _____

Section 2 – Deceased Information

Name of Deceased: _____ Rank: _____

SSN: _____ Army Vet: _____ Army Retiree: _____ Other: _____

Period of Service: From: _____ To: _____

Name of Next-of-Kin to be Presented Flag: _____

Relationship to Deceased: _____

Address of Next-of-Kin: _____

Section 3 – Burial Information

Honors Location: Funeral Home Church Cemetery Other: _____

Day & Date: _____ Time of Military Honors: _____

Honors Location Name: _____

Complete Address: _____
Street, City, State, Zip

VSO Assistance: Yes No If Yes VFW Amer. Leg. Other: _____

Other Mission Info: _____

Casket: Cremation: Flag Folding Required: Yes No TAPS: Yes No

Section 4 – Verification Documentation (provided by funeral director)

DD Form 214 Statement of Service Twenty Year Letter

Contact Info: **Phone:** (603) 225-1324 **Fax:** (603) 715-3722 **Cell:** (603) 724-1086

(This section reserved for Military Forces Honor Guard use only)

Eligibility: Yes No 20 Year Retiree: Yes No Veteran: Yes No

Burial Unit Available: Yes No **Modified Full Honors:** Yes No

Burial Unit Tasked: Yes No Authorized By: _____

Burial Completed: Yes No **Participants:**

Confirmed: _____

Taps DB: _____
Date Initials