

Date: _____ Time received: _____ Time called FHT _____
Date verified with Funeral Home: _____ Time: _____ Person verified with: _____ Order#: _____

FORT LEE, VA FUNERAL HONORS REQUEST- ARMY

Requestor: _____ Funeral Home: _____ Phone: _____

Deceased: _____

SSN: _____ Rank: _____ Branch of Service _____

*Race: _____ *DOB: _____ *Place of Birth: _____

*Date of Death: _____ *Cause (if known): _____

*Place of Death: _____

Type of verification document for funeral honors: _____

Deceased was: Active Duty Medal of Honor Recipient Retired Veteran

*Pallbearers Requested. Y or N Chapel/FH Cemetery/Mausoleum Other:

(Honors Location): _____

Address _____

City: _____ County: _____ State/Zip: _____

Day _____ Date of Service: _____ Time of Service _____

Time of Burial: _____ Time Funeral Honors Team will arrive: _____

Flag Recipient Name: _____ Relationship to Deceased: _____

Phone: _____ Address: _____

City: _____ County: _____ State, Zip: _____

*Additional Widow(er) information (if known):

*SSN: _____ *Maiden Name: _____

*Date of Birth: _____ *Date of Marriage: _____

Comments: _____

* Complete blocks with asterisk only with Active Duty or Retiree deaths

Always call Fort Lee Casualty Assistance Center after faxing request and pass directions if needed:
Phone (804) 734-6606 Fax (804) 734-6734/7193 AFTER HOURS/WEEKENDS CALL: Primary: (804) 691-7376

MAY 2015