

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: _____
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 Service: _____
Service Location Name: _____
Complete Service 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) 934-2905 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 _____
PUSH Back: Yes No Pay Forms: _____
Date Initials
Mission Control Number: _____ Taps DB: _____
Date Initials