

Please complete all pertinent information below & include any supporting details as needed in the additional information section
Contact information: *Email: 436fss.fszh.honorguard@us.af.mil Fax: 302-677-4029 Phone: 302-677-4020 Cell: 302-632-0319*

Rank/Name of Deceased: _____ Honors _____ Grave-site _____ Chapel on Date/Time: _____ / _____

Location: _____ Full Address: _____

City: _____ ST: _____ County: _____ Full SSN: _____ / _____ / _____

Service: Veteran Retiree Casket Cremation Memorial

POC Name /Funeral Director: _____ Funeral Home: _____

POC Ph#: _____ Fax#: _____ Interment Memorial [Flag provided by: _____]

[NOK(to receive flag): _____ Relationship: _____ Address: _____

City: _____ ST: _____ Ph#: _____ DD214 attached / If no, specify: _____

Please include any additional information below on the last three lines of this document (*hot wash section*)

Function Type: _____		Function Name: _____		Date/Time: _____ / _____	
Location/Address: _____			POC Name/Ph#: _____ / _____		
Present Colors	Post Colors	Flag Fold	Script Reader	POW/MIA	Parade
(If Applicable) Honorees Name/Unit: _____ / _____				#Years Served: _____	Indoors Outdoors
Additional Information/Misc Request: _____					

Arrival @HG:_____ Depart HG:_____ Event Arrival:_____ Event Start:_____ Actual Start:_____

Hours:_____ Distance(1-way):_____ EZ-Pass#:_____ Ammo:_____ (taken / used):_____/_____

Bugle#:_____ Flag:_____ (Returned Y/N) Vehicle:(**HGV / LRS / POV**)

Detail NCOIC:_____ Detail Type: 2M / 5M / 7M / 2M-BS / Colors / Parade (circle one)

Guardsmen:_____ Guardsman:_____ Guardsman:_____ Guardsman:_____

Guardsmen:_____ Guardsman:_____ Guardsman:_____ Guardsman:_____

HOT WASH:

JOB#