**OFFUTT AIR FORCE BASE MILITARY FUNERAL HONORS REQUEST**

Building 88, Washington Square, Offutt AFB, NE 68113 **Hours:** Mon - Fri 0800 to 1600

**Office:** (402) 294-6667 **After Hours:**  (402) 301-5398 **Fax:** (402) 232-0102

**Email:** [offutthonorguard@us.af.mil](mailto:offutthonorguard@us.af.mil)

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| **SECTION 1: FUNERAL HONORS REQUEST INFORMATION** | | | | | | | | | | | | | | |
| **REQUESTOR INFORMATION** | | | | | | | | | | | | | | |
| 1. Funeral Home Name | | | 2. Funeral Director/Requestor Name | | | | | 3. Phone Number | | | | | 4. Fax Number | |
|  | | |  | | | | | (   )    - | | | | | (   )    - | |
| 5. Address | | | 6. City | | | 7. State | | | | | | 8. Zip Code | | |
|  | | |  | | |  | | | | | |  | | |
| **DECEASED INFORMATION** | | | | | | | | | | | | | | |
| 9. Name (Last, First, M.) | | | | 10. Rank or Pay Grade | | | | | | | 11. Social Security Number | | | |
|  | | | |  | | | | | | | -  - | | | |
| 12. Service Branch: Air Force (to include Guard & Reserve) Army Air Corps | | | | | | | | | | | | | | |
| 13. Military Status: (Select one) Services Requested: (available options on same row as selected military status) | | | | | | | | | | | | | | |
| Veteran: Flag Fold Taps | | | | | | | | | | | | | | |
| Retiree: Flag Fold Taps Firing Party Pallbearers | | | | | | | | | | | | | | |
| Active Duty: Full Military Honors (Flag Fold, Taps, Firing Party, Pallbearers)  Colors Chaplain | | | | | | | | | | | | | | |
| **NEXT OF KIN INFORMATION** | | | | | | | | | | | | | | |
| 14. Name (Last, First, M.) | | | | | 15. Phone Number | | | | | 16. Relationship to Deceased | | | | |
|  | | | | | (   )    - | | | | | Spouse Son  Daughter | | | | |
| Mother Father  Caretaker | | | | |
| 17. Address | | 18. City | | | 19. State | | 20. Zip Code | | |
|  | |  | | |  | |  | | | Other: | | | | |
| **FUNERAL HONORS LOCATION INFORMATION** | | | | | | | | | | | | | | |
| 21. Location Name | | | | | 22. Point of Contact | | | | | | | | | 23. Phone Number |
|  | | | | |  | | | | | | | | | (   )    - |
| 24. Location Address | | | | | 25. City | | | | 26. State | | | | | 27. Zip Code |
|  | | | | |  | | | |  | | | | |  |
| 28. Funeral Date | 29. Honors Start Time | | | | 30. Location Type | | | | | | | | | |
|  | (time ceremony will begin) | | | | Church Cemetery Private Cemetery | | | | | | | | | |
| Funeral Home Cemetery Other: | | | | | | | | | |
| 31. Remains: Casket Urn No Casket/Urn | | | | | **FLAG MUST BE PROVIDED BY FUNERAL DIRECTOR OR FAMILY**  Take DD Form 214 and death certificate to local Post Office to obtain a flag | | | | | | | | | |
| 32. Additional Note(s): | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **SECTION 2: REQUESTING INSTRUCTIONS/INFORMATION** | | | | | | | | | | | | | | |
| To schedule military funeral honors, the following must be accomplished: | | | | | | | | | | | | | | |
| Notify Offutt AFB Honor Guard with 48 hours or more notice if possible to request funeral honors. | | | | | | | | | | | | | | |
| Call (402) 301-5398 if funeral is to be scheduled ***AND*** performed within the next 24 hours. | | | | | | | | | | | | | | |
| Ensure each block on this request form is accurately filled out. If handwritten, please ensure that all information is legible. | | | | | | | | | | | | | | |
| Provide a copy of the deceased member’s DD Form 214 or equivalent documentation. | | | | | | | | | | | | | | |
| Email or Fax this completed request form with the members DD Form 214. (Contact info at top of form.)  **\*\*\*Submission of this form is NOT an official request. You MUST get verbal/electronic confirmation from our office!\*\*\*** | | | | | | | | | | | | | | |
| **If you have not received confirmation** please follow up with our office at (402) 294-6667 to verify that we have this request. | | | | | | | | | | | | | | |

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| **SECTION 3: INTERNAL USE ONLY (OFFUTT HONOR GUARD ADMIN)** | | | | |
| \_\_\_\_\_\_\_\_Fallout [FO] (DT –1hr) | Personnel Taking Request | Entered into HG Database? | Confirmed with  POC? | Entered into T.A.P.S. Database? |
| \_\_\_\_\_\_\_\_Departure [DT] (travel time + 30mins) | Name: | Name: | Email | Name: |
| \_\_\_\_\_\_\_\_Arrival [AT] (CT – 90mins) | Date: | Date: | Phone | Date: |
| \_\_\_\_\_\_\_\_Ceremony Time [CT] | Time: | Detail# | By: |  |

