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: _____ Date of Death: _____

SSN _____ Branch of Service: _____ Rank: _____

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

Church Service: _____ City: _____ Time of Service: _____

Cemetary: _____ Phone #: _____

Address: _____ City: _____

Date of Burial: _____ Day of Week: _____ Arrival Time at Cemetery: _____

Casket: ☐ Urn: ☐ Flag Folding Required: Yes ☐ No ☐ TAPS Required: Yes ☐ No ☐

Section 4 - Verification Documentation (provided by funeral director)

DD Form 214 ☐ Statement of Service ☐ Twenty Year Letter ☐

Concord Contact Numbers: Phone: (603) 225-1324 Fax: (603) 225-1254 Cell: (603) 724-1086

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

Eligibility: Yes ☐ No ☐ Mission Control Number: _____

Burial Unit Available: Yes ☐ No ☐

Burial Unit Tasked: Yes ☐ No ☐

Authorized By: _____

Burial Completed: Yes ☐ No ☐ _____ (Signature)

Pay Forms: Date Initials

Taps DB: Date Initials