



MILITARY FUNERAL HONORS REQUEST

This form is intended to be used only to request military funeral honors for an eligible veteran. Honors request information can be called in, faxed, or e-mailed to the address listed above. It is not mandatory, but helpful if you would please attach or forward an eligibility document or a DD Form 214 for the veteran.

Kansas Army National Guard Military Funeral Honors

DO NOT FAX as it is too unreliable and increases the chances of our not seeing it

Contact: **Robert Herpel - KSARNG MFH State Coordinator -- SFC Moore NCOIC**

Office: 785.646.0592 / Cell: 785.207.8534

ng.ks.ksarng.mbx.military-funeral-honors@army.mil or robert.j.herpel.ctr@army.mil

ENSURE THAT YOU ARE SUBMITTING TO ONLY THESE EMAILS

NOTE: Please call Cell Phone if you have not heard back from a request, or anything changes. EMAIL Request, DD214/Discharge Paperwork to email above

PART ONE : Information – Deceased Veteran

DOB: _____

DoD: _____

Have you sent this to ANY other Service requests? (Ft Riley/Leavenworth etc.?) **YES** **NO** If So **WHO:** _____

Time Submitted: _____

Name of Deceased Veteran: _____ SSN: _____

Date Honors Desired: _____

Branch of Service: U.S. Army Army Air Force/Corps (NO OTHER BRANCHES)

Retired from Military Service? Yes No Rank: _____

PART TWO: Funeral Home Information

Name of Funeral Home: _____

Point of Contact: _____

Phone #: _____ Email address: _____

Fax #: _____ Cell #: _____

PART THREE: Type of Honors Requested by the Family

(Funeral directors should inform the family of the following: There is no cost associated with providing honors; the family can select the type of honors to be provided; the family can select if they would like honors performed by the military, Veteran Service Organization, or both; due to a shortage of buglers Taps is normally played by an electronic method.)

Type of service to be provided: Casket Cremation Will the flag be? Pre-folded Draped

VSO to participate? (Per family or funeral director request) Yes No

Post #: _____ Point of Contact: _____

Phone #: _____ Have they been contacted? Yes No

PART FOUR: Funeral Honors Location

Service Date: _____ Service Time: _____ Graveside Time (est.): _____

Location of honors: _____

Address: _____

City/County: _____

Person to receive flag: _____

Relationship to Veteran: _____

Directions to ceremony location: _____

NOK Contact Information: Name: _____

Phone: _____

NOTE: ONLY IN CASE THERE IS CLARIFICATION NEEDED FROM FAM.

*** Service consists of 2 man flag fold, Taps and presentation of flag. ***

** Retired service members receive a firing party with a 3 round volley and pallbearers if requested. **