

# COLUMBUS AIR FORCE BASE HONOR GUARD REQUEST

Email: 14FSS.CAFB.HonorGuard@us.af.mil

24/7 Phone Number: (662) 364-0868

Email a copy of this request along with a *legible* DD-214 or other documentation showing proof of service and honorable discharge. Requests without proof of service will not be honored. **WE DO NOT ACCEPT FAXES.**

ALL requests MUST be confirmed verbally through the 24/7 Phone Number or they will not be honored.

1. Has the deceased member committed a Federal or State capital crime and the conviction is final? Yes  No
2. Was the deceased member discharged from the military under less than "Honorable" conditions? Yes  No

If YES to either question, the deceased is NOT entitled to Military Honors

Columbus Honor Guard will arrive no later than **1 Hour** prior to the scheduled interment time and will remain in place no later than **1 Hour** after the scheduled interment time if the team has had zero contact with the requestor(s). Honors will consist of a 2-person flag fold, the playing of Taps on a ceremonial bugle, and flag presentation of the Next of Kin, unless otherwise discussed and coordinated. Flags will **NOT** be provided by the Honor Guard team for keeping.

## DECEASED INFORMATION

NAME OF DECEASED	PAY GRADE	SSN	MILITARY STATUS
			<input type="checkbox"/> VETERAN (2-19 YEARS OF SERVICE)
			<input type="checkbox"/> RETIREE (20 OR MORE YEARS OF SERVICE)
			<input type="checkbox"/> ACTIVE DUTY
REMAINS (CHOOSE AN ITEM)			
<input type="checkbox"/> URN HOUSING REMAINS	<input type="checkbox"/> CASKET HOUSING REMAINS	<input type="checkbox"/> BELOW GROUND VAULT TO INTER REMAINS	
<input type="checkbox"/> ABOVE GROUND VAULT TO INTER REMAINS	<input type="checkbox"/> MAUSOLEUM TO INTER REMAINS	<input type="checkbox"/> OTHER (PLEASE CALL)	

## MILITARY HONORS LOCATION INFORMATION

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION NAME: \_\_\_\_\_ LOCATION TYPE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

## FUNERAL HOME AND REQUESTOR INFORMATION

REQUESTED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FUNERAL HOME NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## NEXT OF KIN INFORMATION

RELATIONSHIP TO THE DECEASED: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

THE FAMILY HAS BEEN BRIEFED ON THE TYPE OF MILITARY HONORS THEIR LOVED ONE IS ELIGIBLE TO RECEIVE. THEY UNDERSTAND THE ELIGIBILITY CRITERIA AND RENDER THE FOLLOWING DECISION:

Family concurs with the eligibility criteria that the loved one is authorized and the family desires to have the above honors so rendered.

FUNERAL DIRECTOR/REQUESTOR SIGNATURE: \_\_\_\_\_

DATE AND TIME OF REQUEST: \_\_\_\_\_