

Funeral Honors Request Form

Please fill in every box and call or e-mail/fax us all of the information for scheduling. If the information is emailed or faxed we will call to confirm that the funeral is scheduled.

Requestor Name		Phone Number	
Deceased Information			
Deceased Name			
Branch of Service		Active Duty	Retired Veteran
Rank	SSN	Date of Birth	Date of Death
Please provide a copy of a DD214 form and Email to fairchild.honor-02@us.af.mil or Fax to 509-247-2035 Family is responsible for providing 9'6" X 5' U.S. interment flag. (May be obtained from Post Office or VA) Y / N Permission granted to use ceremonial Bugle (See pamphlet for ceremonial bugle description)			
Service Information			
Service Date/Time*		Service Type	Casket Cremation Memorial
Services Requested	Pallbearers Flag Folding Firing Party Bugle (See pamphlet for entitlements)		
Ceremony Location		Ceremony Type	Graveside Church Other
Onsite POC	Name		Phone Number
Ceremony Address	Street Address		City/State/Zip
Funeral Home Name			
Funeral Home Address Information	Street Address		City/State/Zip
Funeral Home Contact Information	Contact Name		Contact Phone Number
Next of Kin Information	Name	Relationship to Deceased	Next of Kin Phone
Next of Kin Address Information	Street Address		City/State/Zip

****If ceremony is within 3 days of request, the Funeral Director MUST call the morning of the ceremony to verify.***

******REMINDER******

****** THE HONOR GUARD WILL ARRIVE 1 HOUR PRIOR TO THE EVENT!!!**
SHOULD THEY NOT ARRIVE AT THIS TIME, THE REQUESTER NEEDS TO CONTACT
HONOR GUARD NCOIC AT 509-247-4713 OR NCOIC CELL: 509-280-5477 ****