HONOR GUARD CHECKLIST

INSTRUCTIONS: The Mortuary Officer will sign and complete appropriate items for each honors ceremony requested. If request is not approved indicate circumstances and justification, then forward a copy of completed form to HQ Air Force Mortuary Affairs and if required to your MAJCOM or FIELDCOM.

SECTION I. HONORS REQUEST DATA

1. HONOR GUARD INSTALLATION ADDRESS *(Include ZIP code)*	2. NAME/ADDRESS OF HONORS REQUESTER)	3. TELEPHONE *(Include Area Code)*
100 E Ordinance rd Fairchild AFB, WA 99011		4. DATE/TIME OF REQUEST

5. TYPE OF HONORS REQUESTED		6. LOCATION FOR HONORS PRESENTATION	
☐ FUNERAL SERVICE	☐ DISTINGUISHED PERSON	☐ GOVERNMENT CEMETERY	☐ FUNERAL HOME CHAPEL
☐ MEMORIAL SERVICE	☐ COMMUNITY FUNCTION	☐ PRIVATE CEMETERY	☐ ON BASE
☐ CHANGE OF COMMAND	☐ OTHER *(Specify)*	☐ CHURCH	☐ OTHER *(Specify)*

SECTION II. INFORMATION FOR FUNERAL OR MEMORIAL HONORS

7. NAME OF DECEASED	8. GRADE	9. SSN	10. SERVICE BRANCH	11. DUTY STATUS	12. AERONAUTICAL RATING *(Active duty only)*

13. NAME/ADDRESS/TELEPHONE OF NEXT OF KIN OR REPRESENTATIVE	14. FUNERAL HOME INFORMATION AND FUNERAL DIRECTOR'S NAME

15. DATE/TIME OF SERVICE	16. LOCATION OF SERVICE	17. NAME/ADDRESS OF CEMETERY

SECTION III. INFORMATION FOR FUNCTIONS OTHER THAN FUNERAL OR MEMORIAL SERVICE

18. ADDRESS FOR FUNCTION	19. DATE AND TIME	20. POINT OF CONTACT	21. FUNCTION DESCRIPTION

SECTION IV. FACTS AND ACTIONS TAKEN FOR REQUESTED HONORS

22. HONORS REQUEST	23. NAME OF APPROVING/DISAPPROVING OFFICIAL	24. DATE AND TIME
☐ APPROVE ☐ DISAPPROVE		

25. REASON FOR DISAPPROVAL:

26. HONORS ELEMENTS AND MILITARY PERSONNEL PROVIDED				
	☐ PALLBEARERS	☐ FIRING PARTY	☐ COLOR GUARD	☐ OTHER
	☐ BUGLER	☐ CHAPLAIN	☐ DRILL TEAM	☐ FLYOVER *(If approved list aircraft resource)*
	☐ HONORARY PALLBEARERS	☐ MEMBER IN CHARGE		☐ ONE REPRESENTATIVE

27. NAME/GRADE OF HONOR GUARD CONTACT	28. NAME/GRADE OF CHAPLAIN CONTACT	29. NAME/GRADE OF FLYOVER CONTACT

30. INSPECTION AND COMMENTS	YES	NO
a. PARTICIPANTS BRIEFED AND INSPECTED PRIOR TO RELEASE FOR CEREMONY	☐	☐
b. ALL PARTICIPANTS RECEIVED TRAINING PRIOR TO CEREMONY	☐	☐
c. ALL PARTICIPANTS DRESSED IN PRESCRIBED UNIFORMS	☐	☐

31. UNUSUAL CIRCUMSTANCES RESULTING IN UNFAVORABLE REFLECTION ON AIR FORCE ☐ NO ☐ YES *(If Yes, explain in 39 Remarks)*

32. NAME/GRADE OF HONOR GUARD COMMANDER	SIGNATURE

SECTION V. RESOURCE EXPENSE DATA

33. TIME SPAN OF ACTIVITY	34. ACTIVITY MILEAGE ONE WAY	35. DRIVER ☐ MILITARY ☐ CIVILIAN

36, TYPE VEHICLES USED ☐ MILITARY STAFF CAR ☐ MILITARY BUS ☐ PRIVATE CAR ☐ PRIVATE BUS ☐ OTHER

37. TOTAL NUMBER MAN-HOURS SPENT [ ] LOCAL [ ] TDY

38. COSTS INCURRED

a. MANPOWER *(Average hourly wage (see AFI 65-503) times number participants times activity time span)*	$
b. TRAVEL *(Standard vehicle operating cost times number of vehicles and round trip miles.) Obtain per mile cost from Vehicle Maintenance Control and Analysis Office.*	$
c. PER DIEM/LODGING *(Total for all participants)*	$
d. OTHER *(Hiring bugler, etc.)*	$
e. TOTAL COST FOR THIS CEREMONY	$

39. REMARKS: *(Continue on reverse if necessary)*

40. NAME AND GRADE OF CHIEF OF SERVICES (Mortuary Officer)	SIGNATURE

DAF FORM 1946, 20220308
Prescribed by DAFI34-160

PREVIOUS EDITION IS OBSOLETE.

PERSONAL DATA PRIVACY ACT OF 1974 (5 U.S.C. 552A)
PII will not be shared without written consent of the NOK
AF SORNs A0600-8-1c AHRC DoD