

Fairchild AFB Military Honors Request Form

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| Requestor Name: | | Phone Number: | |
| Deceased Name: | | Branch of Service: | Pay Grade: |
| Date of Birth: | Date of Death: | Active Duty | Retired Veteran |
| SSN: | | Medal of Honor recipient or POW? | Yes No N/A |
| DD214 Requested: Yes No | Email: fairchild.honor-02@us.af.mil Ph: (509) 247- 4713 Fax: (509)247-2035 | | DD214 Received: Yes No |
| Family Informed they provide flag: Yes No | Permission Granted to use Ceremonial Bugle: Yes No | | |
| (If Retiree) Does family want shells presented: Yes No N/A | Notes: | | |
| Service Information | | | |
| Service Date: | Time: | <u>Services Requested:</u> | |
| | | Pallbearers | Flag Folding Firing Party Bugler |
| Service Type: Casket(____Wt) Cremation Memorial | Ceremony Type: Graveside Church Other | | |
| Ceremony Location: | | | |
| Ceremony Full Address: | | | |
| Onsite POC Name: | | Onsite POC Phone Number: | |
| Funeral Home | | | |
| Funeral Home Name: | | | |
| Funeral Home Full Address: | | | |
| POC Name: | | FH POC Phone Number: | |
| Next of Kin | | | |
| NoK Name: | | Relationship to Deceased: | |
| NoK Full Address: | | | |
| Notes: | | Nok Phone Number: | |
| Ceremony Intake Information | | | |
| Received By: | | Date/Time Received: | |
| NOTES: | | | |