

# SEYMOUR JOHNSON AIR FORCE BASE MILITARY FUNERAL HONORS REQUEST

Email: 4fw.hg.hg@us.af.mil  
 DSN 722-7019

Phone: (919) 722-7019  
 (<https://www.sifss.com/honor-guard/>)

**INSTRUCTIONS:**

Fill out form entirely. **Email completed request sheet to address above, upon submission Call Honor Guard to confirm receipt of request.** Honor Guard will make every effort to notify the requestor by phone regarding cancellation or modification. If there are any questions notify Manager or NCOIC of Base Honor Guard Program.  
**- ATTACH DISCHARGE/ RETIREMENT PAPERS/ PROOF OF MILITARY SERVICE (i.e. DD214, DD256, ID Card, Retirement Certificate, etc...)**

**A. DECEASED INFORMATION**

1. SSN:	2. NAME OF DECEASED: (Last Name, First Name, MI, Suffix)	<i>Was the deceased service member ever convicted of a state or federal capital crime, or are they a registered sex offender?</i> <input type="checkbox"/> NO <input type="checkbox"/> YES - call HG
3. ADDRESS (widow/widower/NOK):		4. ADDRESS(2):
5. CITY:	6. STATE:	7. ZIP:
8. PARENT SERVICE COMPONENT (AF/ARMY/USMC/NAVY/USCG):		9. GRADE/RANK:
10. DUTY STATUS: <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> VETERAN		

**B. COORDINATORS INFORMATION**

11. REQUEST SUBMISSION DATE:	12. REFERRER (Funeral Home/Family Member/Casualty Assistance Officer):	13. PHONE:
14. TYPE OF SERVICE: <input type="checkbox"/> INTERMENT <input type="checkbox"/> VAULT LID <input type="checkbox"/> CHAPEL <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> MEMORIAL <input type="checkbox"/> ENTOMBMENT		15. REMAINS: <input type="checkbox"/> CASKET <input type="checkbox"/> CREMATED _____ WEIGHT EST.
16. Will there be any other Honor Guard there (i.e. VFW, F.D., Police)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, whom?		

17. Honors Requested:  Flag Fold & Presentation  Taps  Firing Party  Pall Bearers  Chaplain (E-9 / O-6 & above)

**Entitlements:** *Veteran:* Flag fold, Presentation and Taps *ONLY Retiree:* Flag fold, Presentation, Taps, Firing party and Pall bearers

SPECIAL REQUESTS/  
 COMMENTS:

**C. NEXT OF KIN INFORMATION**

18. NAME OF NEXT OF KIN:	19. RELATIONSHIP:	20. PHONE NUMBER:
--------------------------	-------------------	-------------------

**D. LOCATION TO PERFORM HONORS**

21. CEMETERY: <input type="checkbox"/> National <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> Base/Post <input type="checkbox"/> Chapel <input type="checkbox"/> Funeral Home <input type="checkbox"/> Other		
22. NAME:		23. STATE:
24. ADDRESS(1):		25. ADDRESS(2):
26. CITY:		27. ZIP:
28. COUNTY (REQUIRED):	29. PHONE:	30. WEBSITE:

**E. POINT OF CONTACT INFORMATION**

31. POC THE DAY OF SERVICE (Last Name, First Name):	32. POC PHONE:	33. POC CELL:
---	----------------	---------------

**F. SCHEDULING INFORMATION**

34. DATE OF HONORS:	35. APPROXIMATE MILITARY FUNERAL HONOR'S STARTING TIME:
---------------------	---

**NOTES:**

- Honor guard will arrive at location one hour prior to providing honors.
- If no physical address, please attach directions from SEYMOUR JOHNSON AFB 27531.
- Veteran Honors (**DODI 1300.15, Military Funeral Support, Title 10, Section 1491 requirement**) consist of 2-3 honor guardsmen performing a flag fold, playing of TAPS, and flag presentation to the next of kin.
- Retiree Honors (medical or +20 years of service), **if manning permits**, consist of 3-7 honor guardsmen pall bearing (to final resting place), flag fold, firing party, TAPS, and flag presentation to the next of kin. **Honor Guard will notify the service coordinator no later than 24-hours prior to confirm requested entitlement support (i.e.) pall bears/firing party.**

REVIEWED BY: _____	DATE: _____	INTERNAL USE ONLY	INITIALS _____
--------------------	-------------	-------------------	----------------