



Joint Base Elmendorf - Richardson  
Honor Guard  
Request for Funeral Honors



Please provide proof of military service (i.e.: DD 214, Retirement Certificate, Military ID card)  
Fax Request to (907) 552-7973 or E-Mail to HonorGuard2@us.af.mil  
Call (907) 552-2252 for receipt confirmation and questions/concerns

“To Honor with Dignity”

Date/Time of Request: \_\_\_\_\_ CONFIRMATION OF REQUEST \_\_\_\_\_

Name/Email/Phone of Requestor: \_\_\_\_\_

Funeral Home Name and Address: \_\_\_\_\_

Information on Deceased:

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Status: Active Duty Retired Veteran

Person Authorized to Direct Disposition (PADD): \_\_\_\_\_ Phone: \_\_\_\_\_

Next of Kin Name, Address and Phone: \_\_\_\_\_

SUPPORT REQUESTED

(Circle Appropriate Item's)

Type: CASKETED CREMAINS

Location: GRAVESIDE FUNERAL HOME CHURCH OTHER \_\_\_\_\_

Day, Date & Time of Service: \_\_\_\_\_

Name/Address of Service Location: \_\_\_\_\_

MILITARY HONORS REQUEST

(Circle Appropriate Item's)

Rep. to Fold and Present Flag Firing Party Pallbearers

Bugler Chaplain \_\_\_\_\_

Yes No Religious Preference (Protestant/Catholic/Jewish/Other)

Have Arrangements been made to have a flag at the service? YES NO