

# BUCKLEY SPACE FORCE BASE HONOR GUARD - MILITARY HONORS FUNERAL REQUEST FORM

MILE HIGH HONOR GUARD: 18175 East A-Basin Ave, Buckley SFB, CO 80011

Office: 720-847-6668

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**PLEASE CALL OFFICE AFTER SENDING REQUEST TO VERIFY THAT WE HAVE RECEIVED ALL INFORMATION**

NOTE: Military Funeral Honors request must be submitted the day prior to the service requested. This office can not guarantee Military Honors request received by this office with fewer than 48 hours notice. All Military Funeral Honors Requests are subjected to AFI 34-501 paragraph 7.8 requirements for eligibility. The Air Force will provide funeral honors (unless the member is deemed ineligible or denied)

## Military Honors Requester

Name of Requester: (Director)	Organization/Funeral Home:	Phone Number:
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## UNITED STATES AIR FORCE MILITARY FUNERAL HONORS FOR

Date/Time of <b><i>Military Honors</i></b> : M _____ D _____ 202 <sup>3</sup> @ _____:_____	PLEASE SPEAK TO THE NEXT OF KIN AND ASK THE FOLLOWING INFORMATION Was the deceased service member ever convicted of a state or federal capital crime, or a registered sex offender? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Deceased Service Member:	Date of Birth YYYYMMDD:	Grade/Rank:
SSN: _____ - _____ - _____	Branch of Service: <input type="checkbox"/> U.S. Air Force (1947 - present) <input type="checkbox"/> U.S. Army Air Corps / Army Air Force (1926-1947)	Duty Status: <input type="checkbox"/> Active Duty    - <input type="checkbox"/> Retired    - <input type="checkbox"/> Veteran
Remarks: <input type="checkbox"/> Casket (aprox. weight w/remains _____ lbs.) <input type="checkbox"/> Cremains/Urn <input type="checkbox"/> There will not be a Casket or Urn		

## NEXT OF KIN OR FAMILY MEMBER/FRIEND TO RECEIVE U.S. FLAG (REQUESTER INITIATING MILITARY HONORS)

Name of NOK to receive US. Flag:	Relationship:	Phone Number:
Address of requester/NOK:		
<small>Be advised the Mile High Honor Guard is not capable of providing a flag for military funeral honors. A free flag may be obtained by submitting a VA Form 27-2008 with an attached copy of DD214 to a local US Post office or local Veteran Affairs Regional Office.</small>		

## HONORS TO BE HELD

Name of Location:	Address:	Phone Number:
Honors are at: <input type="checkbox"/> Ft. Logan National Cemetery site: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (if not Ft. Logan) <input type="checkbox"/> Grave site <input type="checkbox"/> Church/Chapel <input type="checkbox"/> Funeral Home <input type="checkbox"/> Other:		
Remarks:		
<input type="checkbox"/> DD FORM 214 Attached? (ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE) <input type="checkbox"/> Any other important document Attached? List: _____		
For Services NOT at Fort Logan, Military Honors will be held: <input type="checkbox"/> FIRST <input type="checkbox"/> LAST <input type="checkbox"/> OTHER _____	Date Request Submitted: Time: <input style="width: 50px;" type="text"/>	

## HONOR GUARD CHECK LIST

Information verified by: _____	Add to Calendar <input type="checkbox"/> AFMAO <input type="checkbox"/>	EAL SUBMITTED <input type="checkbox"/>
Date/Time: _____	AF1946 Completed/highlighted <input type="checkbox"/>	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
	Chaplain Confirmed <input type="checkbox"/> (N/A) <input type="checkbox"/>	<b>For retiree services not at Ft L, please ensure local authorities are alerted</b> <input type="checkbox"/>