

Please fax this form along with verification of honorable military service (DD214, NGB22, Orders, etc.) as soon as possible.  
**Funeral Director must provide the U.S. flag for this service.**



Deceased Name		Rank	Verifying Document Type	
Social Security Number		Branch		
Date of Birth	Date of Death		Status <input type="checkbox"/> Veteran <input type="checkbox"/> Retired Military	
Next of Kin		Relation to Deceased	Phone Number	
Address				
Funeral Home			POC Name	
Address			POC Phone Number	
Funeral Date	Funeral Time	Time of Honors	POW <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cemetery Name		Address		
City	State	Zip	Condition of Remains <input type="checkbox"/> Casket <input type="checkbox"/> Cremains <input type="checkbox"/> Memorial	
<b>Director's Remarks</b>				
<b>Honors Requested</b>				
<input type="checkbox"/> Pallbearing	VSO/VFW Used _____			
<input type="checkbox"/> Firing Party				
<input type="checkbox"/> Taps				
<b>Family's Requests</b>				

Fax Number: 660-687-5869

Desk Phone: 660-687-6532