Commander Navy Region SOUTHEAST Jacksonville, FL 32212
Office (904) 542-1536/9807/1539/3852
FAX (904) 542-0422 or 3851

Our Navy Funeral Honor Details are composed of those Sailors available at the time of service regardless of race, sex or creed.

1. DATE OF SERVICE: _____
DAY: _____

TIME ZONE: EST ( ) CST ( ) MST ( )

TYPE SERVICE: CASKET ( ) URN ( ) OTHER ( )

DATE OF DEATH _____

RELIGIOUS PREF_____

GRAVESITE SERVICE TIME: _____ (AM / PM) (Circle One)

2. DECEASED INFORMATION:

SOCIAL SECURITY # _____ LAST NAME _____ FIRST NAME _____ RATE/RANK _____ SERVICE _____

NAVY OR COAST GUARD & MERCHANT MARINE OF WWII

MILITARY STATUS: VET ( ) RET ( ) ACDU ( )

FLAG PROVIDED: YES ( ) NO ( )

3. MORTUARY/CHAPEL FUNERAL HOME INFORMATION:

NAME _____ PHONE NUMBER _____

ADDRESS _____ FAX NUMBER _____

CITY/STATE/ZIP CODE _____ FH Point of Contact (Print) _____

EMAIL:_____

4. LOCATION HONORS WILL BE RENDERED:

NAME _____

ADDRESS _____

CITY _____ County _____ ZIP CODE _____

NEXT OF KIN/PERSON RECEIVING THE FLAG

FULL NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____

RELATIONSHIP TO DECEASED _____

HONORS REQUESTED:

Flag Folded/Presented: ( )
Taps: ( )
Rifle Team: ( )

Chaplain: ( )
(Active Duty/Retirees)
(Based on Availability)

NOTE: FAX all documents related to verification of HONORABLE Service to (904) 542-0422. (i.e. DD Form 214, DD Form 553, Discharge Certificates, VA Service Verification, etc.) (2) All request must be submitted a MINIMUM OF 48 HOURS IN ADVANCE of requested service.

Rev FHS 3/1/10