KEESLER AIR FORCE BASE HONOR GUARD "Guardsmen of Honor"

FUNERAL REQUEST FOR MILITARY HONORS

FUNERAL HOME INFORMATION		
Name of Funeral Home:		
Address:		
Phone Number:	Fax Number:	
Point of Contact:		
CEMETERY INFORMATION		
Name:		
Address:	County/Parish:	
Point of Contact:	Phone Number:	· · · · · · · · · · · · · · · · · · ·
DECEASED INFORMATION (Please at	attach DD Form 214, WD AGO Form 100, any applicable paperwork)	
Name of Individual:		
Social Security #:		•
(circle one) Active Duty	Retired Veteran	
NEXT OF KIN INFORMATION		
Name:		
Relationship to Deceased Service Memb	nber:	
Address:		
Phone Number:		
FUNERAL/GRAVESIDE SERVICE INFO		
	ORMATION	
DATE OF CEREMONY:	ORMATION	
DATE OF CEREMONY: TIME OF FUNERAL:	ORMATION	·
DATE OF CEREMONY: TIME OF FUNERAL: TIME OF COMMITTAL:		
DATE OF CEREMONY: TIME OF FUNERAL: TIME OF COMMITTAL: **Please provide complete and detailed of	I directions to the Funeral Home and the Gravesite Location** onor Guard (228-377-1986) and Fax (228-377-1987)	