

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: \_\_\_\_\_ TIME ZONE: EST ( ) CST ( ) MST ( )  
 DAY: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_  
 TYPE SERVICE: \_\_\_\_\_ CASKET ( ) URN ( ) OTHER ( )  
 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) \_\_\_\_\_  
 CITY \_\_\_\_\_ County \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL: \_\_\_\_\_  
 NEXT OF KIN/PERSON RECEIVING THE FLAG \_\_\_\_\_

FULL NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP CODE \_\_\_\_\_  
 RELATIONSHIP TO DECEASED \_\_\_\_\_

HONORS REQUESTED:  
 Flag Folded/Presented: ( ) Chaplain: ( )  
 Taps: ( ) (Active Duty/Retirees)  
 Rifle Team: ( ) (Based on Availability)

NOTE:  
 FAX all documents related to verification of HONORABLE Service to (DD4) E42-0422.  
 (i.e. DD Form 214, DD Form 553, Discharge Certificates, VA Service Verification, etc.)  
 (2) All request must be submitted a MINIMUM OF 45 HOURS IN ADVANCE of requested service.

