



KEESLER AFB MILITARY HONORS REQUEST

Email **ONLY**: keesler.honorguard@us.af.mil **NO FAXES**
Phone: (228) 377-0549/0795 If service is within 24hrs, please call **After Hours**
lines at (228) 910-3406/3430 for immediate assistance.



*****IMPORTANT NOTICE*****

1. Has the deceased member committed a Federal/State capital crime and the conviction is final? Yes No
 2. Was the deceased member discharged from the military under less than "Honorable" conditions? Yes No
- If yes to either, they are not entitled to Military Honors. **STOP** here-----

1. A copy of DD Form 214, WD AGO Form 100, or any applicable paperwork, must accompany this request.
2. Retiree honors consist of a 2-person flag fold, the playing of Taps using a ceremonial bugle, firing party and flag presentation to the Next of Kin.
3. Veteran honors consist of a 2-person flag fold, the playing of Taps using a ceremonial bugle and flag presentation to the Next of Kin.
4. Keesler Honor Guard members will arrive no later than **1 Hour** prior to scheduled interment time and will remain in place no later than **1 Hour** after scheduled interment time if team has zero contact with requester(s).
5. Due to the volume of requests honors will always be performed **FIRST** and **flags will not be provided by the Honor Guard team for keeping.** * Please call for any deviations. *

DECEASED INFORMATION:

MILITARY STATUS: (Circle one) Veteran or Retired

NAME: _____ SSN: _____ GRADE: _____

REMAINS: (Circle one) Casket or Urn

Pallbearers (Only if manning allows):

MILITARY HONORS LOCATION INFORMATION:

DATE OF FUNERAL: _____ FUNERAL TIME: _____ MILITARY HONORS TIME: _____

LOCATION NAME: _____

LOCATION TYPE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ BURIAL COUNTY: _____

MOCK-UP: _____

FUNERAL HOME (FH)/REQUESTER INFORMATION:

REQUESTED BY: _____ EMAIL: _____

FH NAME: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE# _____

NEXT OF KIN INFORMATION:

NAME: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE#: _____

RELATIONSHIP: _____

THE FAMILY HAS BEEN BRIEFED ON THE TYPE OF MILITARY HONORS THEIR LOVED ONE IS ELIGIBLE TO RECEIVE. THEY UNDERSTAND THE ELIGIBILITY CRITERIA AND RENDER THE FOLLOWING DECISION:

_____ Family concurs with the eligibility criteria that the loved one is authorized and the family desires to have the above honors so rendered.

_____ The family wishes to downgrade or limit the honors rendered to _____

FUNERAL DIRECTOR/REQUESTER/SIGNATURE: _____

DATE: _____