



## KEESLER AFB MILITARY HONORS REQUEST

Email **ONLY**: [keesler.honorguard@us.af.mil](mailto: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: \_\_\_\_\_