LITTLE ROCK AFB HONOR GUARD REQUEST FORM

We CANNOT schedule honors without proof of the of member's service (*e.g. DD214, Retiree ID, Dishcarge Certificate, proof VA benefits received, etc.*) For a copy of the DD Form 214 call 314-801-0800 (VA) or visit https://www.archives.gov/veterans/military-service-records

Send documents to Email: 19FSS.FSOH.HonorGuard@us.af.mil - FAX NOT ACCEPTED

REQUESTER MUST CONFIRM VIA OFFICE OR CELL NUMBER BELOW TO SCHEDULE REQUESTED HONORS

Today's Date: _____

Today's Time: _____

Honor Guard Phone Numbers
Office: (501) 987-6317
Cell: (501) 529-9182
FAX NOT ACCEPTED

Name of Mortuary: _____ **Address of Mortuary:** _____

Name of Requester: _____ **Phone Number:** _____

Email: _____ **Cell number for funeral POC:** _____

Name of Deceased: _____

Rank of Deceased: _____ **SSN of Deceased:** _____

STATUS (INDICATE BELOW):

☐ **Active Duty – 20-person (*pallbearers, flag fold, firing line, color guard, taps*)**

☐ **Retiree – 2/3 or 7 person (*flag fold, firing line, taps, pallbearers*)**

Is the family requesting a firing line? Yes ☐ **No** ☐

☐ **Veteran – 2 to 3-person (*flag fold, taps*)**

Will a Veterans Service Organization be participating (VFW, American Legion, Buglers Across America)?

Yes ☐ **No** ☐

Casket: ☐ **Cremation:** ☐

Was deceased ever convicted of a felony? Yes ☐ **No** ☐

Interment Flag being provided: Yes ☐ **No** ☐ **(The LRAFB Honor Guard does not provide a flag)**

Would the Next of Kin like to be contacted by the LRAFB Honor Guard? Yes ☐ **No** ☐

Name, Address and Phone Number of Next of Kin: (The flag will be presented to this person)

_____

Time/Date/Location for Honor Guard services:

Date/Time: _____

Cemetery/Chapel Name: _____

Address: _____ **State:** _____ **Zip code:** _____

City: _____

County: _____

Signature of Requester: _____

HONORS WILL BE PROVIDED BY THE MILITARY BRANCH MOST RECENTLY SERVED IN

*** ARMY: (580) 442-6405/8592 * NAVY: (904) 542-9807/1536 * MARINE CORPS: (866) 826-3628 * COAST GUARD: (314) 606-6792***