



BARKSDALE AFB MILITARY HONORS REQUEST

Phone: (318) 456-5859 Email: 2FSS.FSSHonorGuar@us.af.mil

If service is within 24hrs, call **After Hours line at (318) 564-8146** for assistance.
Army (888) 474-0377 Navy (904) 542-1536 Marines (866) 826-3628 Coast Guard (800) 323-7233



FUNERAL HOME (FH)/REQUESTER INFORMATION:

REQUESTED BY: _____ EMAIL: _____
(DIRECTOR/REQUESTER)

FH NAME: _____ PHONE# _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

DECEASED INFORMATION:

MILITARY STATUS: RETIRED (20> yrs) VETERAN (<19 yrs) ACTIVE DUTY

NAME: _____ SSN: _____ GRADE: _____
Last First MI

REMAINS: CASKET URN OTHER

Has deceased ever been convicted of a felony and/or is a registered sex offender? YES NO

NEXT OF KIN INFORMATION:

NAME: _____ RELATIONSHIP: _____

PHONE#: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

MILITARY HONORS LOCATION INFORMATION:

DATE: _____ TIME: _____ CATHOLIC SERVICE: YES NO

LOCATION NAME: _____ FUNERAL HOME CHURCH GRAVESIDE OTHER

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

BURIAL COUNTY: _____ MOCK-UP: VAULT-LID STANDARD MAUSOLEUM OTHER

IS THERE A CHANGING AREA AVAILABLE: YES NO

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

- A copy of DD Form 214 or Discharge Certificate must accompany this request.
- **Retiree** honors consist of a 2-person flag fold, the playing of Taps using a ceremonial bugle and flag presentation to the Next of Kin. If resources are available at time of interment a 6-person team will be provided.
- **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.
- Barksdale Honor Guard members will arrive no later than 45 minutes prior to scheduled interment time and will remain in place no later than 45 minutes after scheduled interment time.
- Due to the volume of requests honors will always be performed FIRST. Please call for any deviations.
- **REQUESTS MUST BE CONFIRMED BY EMAIL OR PHONE, if neither is received, honors aren't scheduled.**

I HAVE BEEN BRIEFED ON WHAT TYPE OF MILITARY HONORS MY LOVED ONE IS ELIGIBLE TO RECEIVE. I UNDERSTAND THE ELIGIBILITY CRITERIA AND RENDER THE FOLLOWING DECISION:

_____ I concur with the eligibility criteria that my loved one is authorized and desire to have the above honors so rendered.

_____ Even though, I know my loved one is eligible for the above military honors; I wish to downgrade or limit the honors rendered to _____. This is according to my wishes.

NOK SIGNATURE: _____ DATE: _____