

ROBINS AIR FORCE BASE HONOR GUARD

Funeral Honors Request Form

(ver: July 2023)

Supporting Georgia, Tennessee, and North Carolina

PLEASE ENSURE ALL INFORMATION IS COMPLETE, CORRECT, AND LEGIBLE

Email: **78.FSS.FSHO.RHGS@us.af.mil**

Please call prior to emailing to confirm receipt.

Phone: (478) 926-9775

Visit <https://robinsfss.com/honor-guard/> for the most current request form

Requester: _____ **Today's** Date/Time: _____ / _____

Funeral Home: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

Has the decedent ever been convicted of a Felony or is a convicted Sex Offender: Yes / No

Type of Request:

____ Veteran Honors (members who have previously served) – Taps and Flag fold/Presentation (Firing Party Optional)

____ Retired Honors (members who have retired) – Firing Party, Taps, and Flag fold/Presentation

____ Full Honors (members **currently** on active duty orders or who have received either a Medal of Honor or POW medal)
Pallbearers, Firing Party, Taps, and Flag fold/ Presentation

Do you have a flag? Yes / No **The Honor Guard only provides flags for Full Honors Ceremonies**

Relationship of flag recipients to decedent (married parents, separated parents, spouse or children):

Will there be any civilian organization participating in the funeral service? (i.e., Lions, Mason, VFW, etc.) **Yes / No**

Funeral/Memorial Service for:

Deceased Name _____ Rank _____

Social Security # _____ - _____ - _____ Branch of Service _____

Next of Kin or Rep:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Military Funeral Honors may only be rendered ONCE.

Annotate below if you are requesting the Honor Guard's presence at a Chapel "OR" Gravesite.

Chapel Service Yes / No Date: _____ Time: _____

Gravesite Service Yes / No Date: _____ Family Arrival Time at Gravesite: _____

Please provide **Chapel "OR" Gravesite** Location information

Is the deceased cremated? Yes / No Name _____

Is the casket made of wood? Yes / No Address/County _____

Is the casket made of metal? Yes / No _____

Estimated weight of casket with remains: _____ lbs Phone: _____

Please email military service certification paperwork (DD Form 214).

Requester's
Name _____ Signature _____ Date _____

ALL CHANGES TO THIS REQUEST MUST BE MADE IN WRITING

and confirmed by this office. We will call the day prior to the service to confirm the service. If not contacted, please contact our office.

*****PRIVACY ACT OF 1974 APPLIES*****