



U.S. NAVY MILITARY FUNERAL HONORS REQUEST FORM

IF POSSIBLE, PLEASE ALLOW 48 HOURS ADVANCE NOTICE
FUNERAL HONORS OFFICE: (860) 694-3475
FAX REQUEST TO: (860) 694-3699

FOR VERIFICATION DD 214 OR DISCHARGE CERTIFICATE MUST ACCOMPANY
THIS REQUEST Verification of service can be obtained from the VA @ 1-800-827-1000

1. DATE/TIME HONORS IS REQUIRED:	URN <input type="checkbox"/>	CASKET <input type="checkbox"/>	OTHER (i.e., memorial svc) <input type="checkbox"/>
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DECEASED Information

2. LAST Name, First, Middle:	Rate/Rank	Service:	Status:	Yrs In Svc:
SSN	Date of Birth	Date of Death	Status(Active Duty/Vet/Retired) Service: Navy/Merchant Marine	

PLEASE PRINT LEGIBLY

Where would you like the Honors to be rendered ?

CEMETERY CHAPEL FUNERAL HOME OTHER (Specify in remarks)

3. Location Name:	Phone:
Address:	
City	State Zip Code:

NEXT OF KIN INFORMATION

4. Person to received flag:	Relationship to Deceased:
Address:	Point of contact:
City/State/Zip Code:	Phone:

MORTUARY/ FUNERAL HOME INFORMATION

5. Name:	Point of contact:
Address:	Phone:
City State Zip Code:	Will the Funeral Home provide Flag? <input type="checkbox"/> YES

FUNERAL HONORS OFFICE INFORMATION ** (For Funeral Honors Office Use Only) **

6. Command	POC	Unit Assigned	
Faxed Time/date	Flag Presentation <input type="checkbox"/>	Tape / CD <input type="checkbox"/>	Other <input type="checkbox"/>

FUNERAL DETAIL INFORMATION (Must be confirmed 24 hours prior)

7. Time/Date confirmed:	Confirmed by:	FHS Staff:	Calendar:	Database:	UIC providing:
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8. REMARKS:

*** ASSIGNED FACILITY MUST CONFIRM WITH CNRNE AND FUNERAL HOME ***