**MISSISSIPPI MILITARY FUNERAL HONORS REQUEST FORM**

**ATTENTION FUNERAL DIRECTORS** Please complete by PRINTING LEGIBLY or TYPING this request form and **fax it to the Fort Polk Casualty Assistance Center.** You must also confirm telephonically receipt of your request and provide any further coordinating instructions. Please include in your fax a copy of the veteran’s DD 214 and/or discharge papers, or any other documents providing proof of military service. NO REQUEST WILL BE HONORED WHEN REQUESTED BY TELEPHONE CALL. NORMAL BUSINESS HOURS are: MONDAY THROUGH FRIDAY 8 AM to 4 PM. PHONE NUMBER TO FT. POLK : **337-531-1292** and fax number **337-531-1770**. THE CASUALTY ASSISTANCE CENTER WILL BE CLOSE ON SATURDAYS. IF WE DO NOT RECEIVE YOUR REQUEST BY 3:30 PM ON FRIDAY, IT WILL NOT BE HONORED FOR SATURDAY OR SUNDAY SERVICES UNLESS THERE WAS PRIOR CONTACT WITH FUNERAL HONORS NCOIC. For weekend and emergencies please call **601-665-3921.** Our Jackson phone number is **601-313-6720** **fax** number is **601-313-6701**.

Two-man Honor Teams will play Taps, Fold and present the American Flag. Full Honors Team will consist of 6-8 Soldiers depending on availability. Full Honors are provided for active duty deaths, Medal of Honor recipients and retirees. ALL FUNERAL HONORS REQUEST REQUIRE 48 HOURS NOTICE. FUNERAL HOMES MUST SUPPLY THE FLAG EXCEPT FOR ACTIVE DUTY SOLDIERS.

NAME OF DECEASED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_

STATUS OF DECEASED: Retired/Veteran/Medal of Honor Recipient/Active Duty

RANK:\_\_\_\_\_\_\_\_BRANCH OF SERVICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE/TIME OF FUNERAL SERVICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE/TIME OF BURIAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION OF FUNERAL (address & zip):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

LOCATION OF BURIAL (address & zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF DEATH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS THE DECEASED ALREADY RECEIVED MILITARY FUNERAL HONORS? YES or NO (circle one) BURIAL FLAG? YES NO (circle one)

DECEASED WILL BE CREMATED AND IN URN: YES or NO (circle one)

NEXT OF KIN who will be receive the flag, their relationship, complete address and phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTING FUNERAL DIRECTOR (Name, Funeral Home, Address and Phone Number):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MFH request form dated 21 Mar 2016