

**MILITARY FUNERAL HONORS REQUEST**  
*For Honors Being Conducted in Wisconsin Only*

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

**This form is intended to be used only to request military funeral honors for an eligible veteran consistent with s. 45.60(1), Stats., and Wis. Admin. Code Ch. VA 17.**

- ▶ Honors request information can be called in or faxed to the above contact numbers.
- ▶ It is not mandatory, but helpful if you would please attach or forward an eligibility document or a DD Form 214 for the veteran.
- ▶ It is not necessary to forward this request when a Veterans Service Organization (VSO) is asking for honors reimbursement.

**PART ONE: Funeral Home Information**

Name of Funeral Home: \_\_\_\_\_  
 Requestor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
 Do you have a flag to present?  Yes  No

**PART TWO: Information – Deceased Veteran**

Name of Deceased Veteran: \_\_\_\_\_  
 Branch of Service:  U.S. Army  U.S. Navy\*  U.S. Air Force  
 U.S. Marine Corps\*  U.S. Coast Guard  Army Air Force/Corps  
 Merchant Marine  Space Force  
 Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
MM/DD/YYYY REQUIRED FOR PROCESSING\* MM/DD/YYYY  
 Retired from Military Service?  Yes  No Rank (if known): \_\_\_\_\_  
 Who will the flag be presented to? \_\_\_\_\_ Relationship to Veteran: \_\_\_\_\_  
 \*Next of Kin—Address & Phone #: \_\_\_\_\_

**PART THREE: Type of Honors Requested by the Family**

(Funeral directors should inform the family of the following: There is no cost associated with providing honors; the family can select the type of honors to be provided; the family can select if they would like honors performed by the military, VSO, or both; due to a shortage of buglers Taps is normally played by an electronic method.)

Type of service to be provided: <input type="checkbox"/> Casket <input type="checkbox"/> Cremation <input type="checkbox"/> Memorial Honors requested (check box that applies): <input type="checkbox"/> Firing Detail, Taps, Flag, Presentation <input type="checkbox"/> Taps, Flag, Presentation <input type="checkbox"/> Flag, Presentation Will the flag be? <input type="checkbox"/> Pre-folded <input type="checkbox"/> Draped	Has a VSO been contacted by the family or Funeral Director to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No Post # (Required if contacted): _____ Phone #: (____) _____ Point of Contact: _____ VSO confirmed to provide rifle detail? <input type="checkbox"/> Yes <input type="checkbox"/> No VSO confirmed to provide Taps? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**PART FOUR: Funeral Honors Location (i.e., cemetery, church, etc.)**

Date: \_\_\_\_\_ **Time of Honors:** \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 Location Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Directions to ceremony location: \_\_\_\_\_

Indicate any other special requests (example: commissioned officer or military relative to present the flag):  
 \_\_\_\_\_  
 \_\_\_\_\_