



# Joint Base McGuire-Dix-Lakehurst, NJ



## Air Force Military Funeral Honors Request Sheet

Please complete the following information legibly in print.

Fax/Email request as soon as possible to the fax number/email below.

We normally require 48 hours prior to the ceremony to confirm; however, will try to confirm all details.

**FAX # (609) 562-6346      Phone # (609) 562-6141**

**Email: [87fss.honorguard@us.af.mil](mailto:87fss.honorguard@us.af.mil)**

## **PLEASE CALL TO ENSURE RECEIPT OF FAX/EMAIL**

### MILITARY HONORS RECIPIENT INFORMATION

FULL NAME: \_\_\_\_\_

RANK: \_\_\_\_\_ SOCIAL SEC. #: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

#### WAS DECEDENT (SELECT ONE):

**NOTE: PLEASE ATTACH DISCHARGE/RETIREMENT PAPERS / DD FORM 214 / PROOF OF MIL. STATUS**

### CEMETERY/HONORS LOCATION INFORMATION

DATE OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ COUNTY NAME: \_\_\_\_\_

CEMETERY/LOCATION NAME: \_\_\_\_\_

STREET ADDRESS/BLDG. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

#### CLASSIFICATION INFORMATION (SELECT ONE):

NEXT OF KIN NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

STREET ADDRESS/BLDG. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### FUNERAL HOME INFORMATION

FUNERAL DIRECTOR NAME: \_\_\_\_\_

FUNERAL HOME NAME: \_\_\_\_\_

STREET ADDRESS/BLDG. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

### FURTHER INFORMATION

Any recognition of the Joint Base McGuire-Dix-Lakehurst Elite Honor Guard can be directed to:  
Installation Commander  
Joint Base McGuire-Dix-Lakehurst, NJ 08641