

APPENDIX A-2

NEW YORK STATE
REQUEST FOR NYARNG MILITARY FUNERAL PROGRAM BURIAL

(Prescribing Directive is DMNA Reg. 600. Proponent is MNGA-HG)

Section 1 - General Information

Funeral Home: Address:
Funeral Home Point of Contact: Phone#: Cell#:

Section 2 - Deceased Information

Name of Deceased: Date of Death:
SSN: Branch of Service: Rank:
Period of Service: From: To:
Name of Next-of-Kin:
Relationship to Deceased:
Address of Next-of-Kin:

Section 3 - Burial Information

Mass at: City: Time of Mass:
Honors Location:
Honors Location Address: City:
Date of Burial: Day of Week: Arrival Time for Honors:
Casket: Cremation: Flag Folding Required: Yes No

Section 4 - Verification Documentation (provided by funeral director)

DD Form 214 Statement of Service Twenty Year Letter
Horseheads Office: Phone: (607) 739-7518 ext. 3157 Fax: (607) 739-1069 Cell: (607) 661-5056
Buffalo Office: Phone: (716) 888-5691 Fax: (716) 888-5692 Cell: (716) 474-1266
Rochester Office: Phone: (585) 783-5356 Fax: (585) 783-5368 Cell: (716) 374-3269
Syracuse Office: Phone: (315) 438-3302 Fax: (315) 438-3364 Cell: (518) 281-0290

SSG Posato N. Region Coord.

(This section reserved for NYSARNG Military Funeral Honors use only)

Eligibility: Yes No
Burial Unit Available: Yes No
Burial Unit Tasked:
Authorized By:
Burial Completed: Yes No (Signature)
Matrix DB: Date Initials Confirmed On: Date Time
Taps DB: Date Initials Confirmed by: Your Initials POC Name